shows low MCV and MCHC but not present as mentioned in the scenario. Lead poisoning will present with microcytic hypochromic anemia but not as presented in this case.

75-Answer: B.
Chronic management of this patient is provision of folic acid as this patient will have chronic hemolysis.

76-Answer: B
There are many complications affecting patient with SCA. These include renal papillary necrosis, retinal detachment, skin ulcers, bone infarction, pigmented gall stone, lung infarction, cerebral infarction, acute chest syndrome, spleen infarction and recurrent infections. Hypertension is unlikely to develop in such patient unless they develop chronic renal impairment.

77-Answer: D.
In order to reduce painful crisis, the risk factors should be minimized .These include avoiding exposure to cold, high altitude, infection, dehydration and to minimize vasoclusive crisis. All these factors could be minimized by receiving vaccines against H. influenzae and pneumococcal agents, and penicillin prophylaxis should be given daily till five years old. Hydroxyurea could be used to minimize frequent vasooclusive crisis, it increases HbF levels and reduce RBC adhesion to vascular endothelium Folic acid is necessary to be given in order to form new generation of RBCs which survive for short duration(1-3 weeks). There is no need for Paracetamol as prophylaxis.

78-Answer: D
This type of crisis is known as vaso-occlusive crisis in which the blood vessels are occluded by sickle cells and lead to reduction of oxygen supply to vital organs. Hemolysis crisis occurs due to acute breaking down of RBCs, while aplastic crisis occurs as bone marrow could not produce RBCS. Sequestration crisis describes the pooling of RBCS into the spleen from all vessels in the body.

79-Answer: B.
This child who had recurrent sore throat for the last three months that was associated with fever and lymphoadenopathy should not be managed as simple URTI and investigations such as CBC should be the initial step of management in order to find out the underlying causes such as malignancies .

80-Answer: B.

81-Answer: D.
Infectious mononucleosis is rare in this age and not associated with anemia or thrombocytopenia in most of the cases. Anemia is not a diagnosis but occurs due to underlying causes in spite of low hemoglobin in this child. Hodgkin's lymphoma is a pathological diagnosis. ALL is the most likely diagnosis in this patient (high WBC, low platelets and hemoglobin in addition to recurrent sore throat) however definite diagnosis is confirmed by doing bone marrow aspiration and examination under microscopy.

82-Answer: B

83-Answer: C.
The best option of management of children suffering from ALL is chemotherapy. Blood transfusion may be needed if there severe anemia.

84-Answer: B.
With the progress of chemotherapy for malignant disorders, the cure rate for ALL in children reaches about 80%. Prognosis depends on the age of onset (< 1>10 years), high WBC (> 50.000/ mm^3 , and presence of leukemic blast in bone marrow.

85-Answer: D.
ALL is considered the most common type of malignancies affecting children (80%) followed by AML .Clinical pictures of both tumors are similar .ALL has better prognosis than AML in spite of that their cornerstone of management is chemotherapy.

86-Answer: C.
Poor prognosis in patients with ALL could be predicted depending on the following factors: age less than one year or above ten years, WBC>50.000 / mm^3 at diagnosis, low platelets or hemoglobin. Females have better prognosis than males. High grade fever at presentation does not have any relationship with prognosis.

87-Answer: C.
This child presented with typical features of HSP which affects children between 3-10 years old. The underlying cause is not yet known even anti-gen antibody reaction is postulated. The typical rash affects buttocks, extensor surfaces of arms and legs. More than 80% of cases have hematuria, joints pain occurs in more than two-third of patients.

88-Answer: E.
Management of such patient is conservative as most of cases resolve without serious sequels. However, we should rule out other serious similar pathologies such as ITP and malignancies by asking for CBC. Observation for continuous abdominal pain and hematuria is suggested and if such complaints continue the patient may need further evaluation by Pediatrician.

89-Answer: D.
Umbilical cord should be kept dry. Mother can use alcohol or triple dye to clean it and to prevent bacterial infections. It is expected that it will separate with the end of the second week; however, sometimes it separates by the end of third week. If separation delayed, you should rule out infections or immunocomprmised conditions.

90-Answer: C.
The neonatal screening tests recommended in Saudi Arabia are thyroid function test and hemoglobin level.

91-Answer: C.
Physiological jaundice occurs in about half of newborn. It does not occur in the first twenty four hours of life, it does not increased by more than 5 mg/dl per day, it resolves by the end of the first and second week in the full term and premature infants respectively. Its main part is unconjugated bilirubin while direct bilirubin does not exceed 2 mg/dl.

92-Answer: E.
This child is expected to have hemolytic anemia as he had jaundice and hemoglobinuria in absence of any features suggesting hepatitis. In such children the first attack appears in this age without any significant past history of admission or blood transfusion. Important questions that should be asked are many and include: intake of vitamin-C, sulpha, anti-malaria and eating beans.

93-Answer: E
This child is most likely to have G-6PD. This type of anemia could be diagnosed by asking for G6PD level after two weeks of attack as asking for such test during attack is misleading (higher than normal) to confirm or to rule out this disorder.

94-Answer: C.
Cornerstone of management of patients with G6PD is avoiding substances that causing hemolysis such as drugs, food containing beans and infections.

95-Answer: E.
This infant is most likely to have Thalasemia Major. Thalasemia major is a type of genetic anemia that occurs due to deficiency of hemoglobin chain synthesis (Beta or Alpha chain).Its features manifested after the first four months of birth as Hemoglobin-F (fetal hemoglobin) raised and hemoglobin-A (adult Hemoglobin) reduced. All mentioned types of anemia in the question may show low hemoglobin, low hematocrit, low MCV. However, iron deficiency anemia is unlikely to be present at this age, not associated with jaundice or splenomegally. Sickle cell anemia could be presented with fatigue, pallor, jaundice, low hemoglobin but with near normal MCV. Thalaemia minor is asymptomatic. Sidroblastic anemia is rare which shows hypochromic and microcytic picture.

96-Answer: B.
The test of choice for confirming Thalasemia is hemoglobin electrophoresis. Blood film, serum ferritin are helpful to distinguish between different causes of hypochrmic microcytic anemia.

97-Answer: C.
Long term management of patients with Thalaemia major include: frequent blood transfusion, administration of challating agents such as Desferrioxamine, folic acid but not iron tablet or syrup.

98-Answer: D.
Children who suffer from thalasemia major are at high risk of developing many complications that occur due to receiving frequent blood transfusion and iron overload. They include (Diabetes mellitus, Hepatitis, liver cirrhosis, cardiomegally, skin hyperpigmentation, HIV, delayed growth and sexual maturation).

99-Answer: B.
Every child will have at least six attacks of acute respiratory infections yearly

100-Answer: A.
Down syndrome(trisomy of chromosome number 21 affects 1.5 per 1000 live-born infants .Its incidence increased as maternal age increase(1: 1530 at 20 years old, to 1:37 at 44 years old). Clinical features of Down syndrome are numerous and include: round face , flat nasal bridge, epicanthic folds, brush field spots in iris, small mouth, protruding tongue, small ears, flat occiput, short neck, single palmar creases, hypotonia, congenital heart defects, delayed

motor milestones, learning difficulties, small stature, hearing loss, visual defects, hypothyroidism, epilepsy and risk of leukemia and atlantoaxial instability.

101-Answer: C.
FXS is characterized by long & narrow face, large ears, large testis, low IQ and developmental disability. Other features include autism, seizure, and attention deficit.

102-Answer: C
Cystic fibrosis is autosomal rececive disorder that results from mutation in chromosome number seven. Due to viscid secretion. Respiratory, pancreas and gut are the mainly affected organ leading to chronic respiratory infections, pancreatic insufficiency and chronic diarrhea. Infertility, jaundice and nasal polyps are other features of cystic fibrosis. Diagnosis of this disorder is obtained by sweat test which shows high sodium and chloride levels.

103-Answer: B.
Thalasemia minor is autosomal recessive disorder that results from absence of either beta or alpha chain of hemoglobin. It is asymptomatic disorder compared to thalasemia major. Clinical picture is similar to iron deficiency anemia (mild low MCV, hypochromacia) but the ferretin level is normal .Diagnosis is confirmed by hemoglobin electrophoresis.

104-Answer: D.
Prader Willi syndrome results from deletion of the short arm of chromosome No 15.Its classical features are: neonatal hyoptonia, failure to thrive, obesity, intellectual disability, small hands and feet and hypogonadism.

105-Answer: C.
Marfan syndrome is an autosomal dominant disorder that affects skeletal, cardiac and ocular systems. It results from mutation in the fibrillin gene on chromosome No 15 .It affects 5 in 100.000 individuals. Clinical features include tall and thin body, long digits, kyphoscoliosis, joints laxity, myopia, high arched palate aortic dilatation and mitral valve prolapse.

106-Answer: C.
Other autosomal dominant disorders include: Marfan syndrome, otosclerosis, familial hyperlipidemia, achondroplasia, osteogenesis imperfecta, polyposis coli, and myotonic dystrophy.

107-Answer: C.
Tay-Sachs syndrome is autosomal recessive disorder.

108-Answer: C.
Gaucher's diseases is a metabolic disorder that results from deficiency of the lysosomal enzyme (glucocerebrosidase) and tend to anemia and thrombocytopenia which results from large spleen (hypersplenism). Other manifestations include fatigue, bone pain, epistaxis, growth retardation and easy skin bruising.

109-Answer: C.
Turner's syndrome results from absence of the second X chromosome (XO karytype). It occurs as 1 in 4000 live female newborns. Most of cases aborted before birth. Clinical features of this syndrome include: short stature, webbed neck, amenorrhea, lymphoedema of lower limbs, and coarction of aorta.

110- Answer: B.
Klinfelter's syndrome results from extra X chromosome in males. It occurs as 1 per 800 live births. Clinical features of this syndrome include: tall stature, long limbs, small testes, and infertility. Other uncommon features include: learning difficulties, gynecomastia and intellectual disabilities. The affected individuals are at risk of diabetes and breast cancer.

111-Answer: D.
Although most of cancer is acquired, there are few cancers of familial in origin (autosomal dominant). These cancers affect breast, colon and ovaries. Liver cancer occurs in most of cases as a complication of hepatitis- B or C.

112-Answer: A
Screening for Down Syndrome in the second trimester could be carried out by using alpha fetoprotein(low), unconjugated oestriol(low), free beta-HCG (high)and inhibin-A (high).

113-Answer: C.
Incidence of Down syndrome increased as maternal age increases. . In female of 21 years old , the probability to have child with down syndrome will be 0.001% , in women of 35 years old the probability increases to 0.4% while among those of 40 years old it is about (1:20)(5%.)

114-Answer: B.
The incidence of congenital abnormalities is about 2% at the birth. Most of these abnormalities are due to chromosomal abnormalities.

115-Answer: E.
Phenylketonuria should be screened for during neonatal period. Other mentioned disorders could be screened for during pregnancy.

116-Answer: B.
Other clinical features of Alkaptanuria include arthritis, and pigmented ear cartilage. Red urine and severe abdominal pain is seen in porphyria.

117-Answer: C.
Neonatal screening should be carried out to detect hypothyroidism (TSH test), glacatosemia and phenylketonuria by using Guthrie test.

118-Answer: D.
Porphyria is autosomal dominant disorder which is asymptomatic in most of patients. Its clinical features include acute abdominal pain, recurrent psychiatric illnesses, peripheral neuropathy, red discoloration of urine and hyponatremia. Blood glucose is normal.

119-Answer: E.
Sulphonamide should be avoided in patients suffering from porphyria and G-6PD as these drugs can cause severe attacks among those patients.

120-Answer: B.
William syndrome results from deletion on chromosome 7. Prenatal and postnatal growth retardation is common. Mild to moderate developmental delay could occur. Children with this syndrome may have difficulties in feeding and frequent constipation or and diarrhea.

121-Answer: D
Hemochromatosis is an autosomal recessive disorder in which the body iron is high as 20-60 grams. Such high concentration will lead to deposition in many vital organs such as liver, pancreas, skin, pituitary gland, heart and joints.

122-Answer: B.
DMD is X- linked recessive disorder that leads to proximal muscle weakness. It is manifested with delayed walking, waddling gait, frequent falls, difficult standing and climbing, pseudo hypertrophy of calve muscles. Most of the affected individuals die by age 20 as a result of respiratory problems. Using steroid could delay its progress.

123-Answer: D
Neurofibromatosis (NF) is autosomal dominant disorder that is manifested with café –au lait spots that increase with number as age advances, freckling in the axilary or inguinal folds, hypertension, learning difficulties, iris hamartoma ,scoliosis, and optic nerve glioma .Only one third of patients will have serious problems such as neurological tumors. It is diagnosed based on clinical features and there is no specific treatment.

124-Answer: B.
Turner's and Noonan syndromes share many features: short stature, webbed neck, cardiac defect. However, Turner's syndrome affects females while Noonan syndrome affects both sexes.

125-Answer: B.
If couple is carriers for autosomal recessive disorder such as sickle cell anemia, the probability to have an affected child is 25%, carrier child is 50% and normal child is 25%.

126-Answer: C.
Glycogen storage disease is a group of inherited disorders that result from deficiency of glucose-6 phosphatase . It has many manifestations such as growth retardation, organs enlargement.
Chemical abnormalities include low glucose, high cholesterol, and high lactic acidosis. The affected children are short, with fatty cheeks, thin limbs and large abdomen.

127-Answer: A.
UTI affects about 2% of boys and 7% of girls. The most common organism causing UTI is E.coli(80-80%) followed by Proteus and Klebsiella .UTI is associated with constipation, encopresis, bladder instability, and infrequent voiding. Bathing and black-to-front wiping have not found to be a risk factor for UTI. One week course of antibiotics is recommended , and three days course of antibiotics may be as effective as one week course(evidence-B) while one day course of antibiotics is not recommended (evidence-A). In children who tolerate oral antibiotics is the preferred than parental antibiotics as they have he sme efficacy in management UTI(evidence-A).

128-Answer: C.
Urine culture is indicated if the child has typical symptoms of UTI, has recurrent UTI, cloudy urine, and positive dipstick for nitrite or esterase.Yellowish discoloration of urine in absent other urinary symptoms is not indication for urine culture(evidence-C).

129-Answer: A.

In addition to what listed in the question cefpodoxime, cefprozil,loracarbef, could be used to manage UTI empirically. Ampicillin is not recommended due to high resistance rate for this antibiotic.

130-Answer: A.
About half of ingested FB is without symptoms(common acute symptoms include vomiting, wheezing, irritability and cough), serious morbidity among children indigested FB is seen in less than 1%. The most common area of sticking FB are Cricopharngeal, lower part of esophagus and pylorus. If FB pass the esophagus it will leave gut without complications in most of patients. Serious complication include gut obstruction and perforation. The most common affected age group is 6-36 months.

131-Answer: C.
About two third (64%)of ingested FB are radio-opaque which make them to be visualized by plain chest X-rays. In most cases (90%) FB will pass without need for intervention , however in about 10% of children ingested FB may need endoscopy to remove FB. If FB pass esophagus , observation for its pass is recommended as most of FB that pass esophagus will leave body without serious sequels (Evidence-C). Emergency endoscopy is recommended for children who ingested button batteries or sharp objects in the esophagus(Evidence-C).

132-Answer: D.
Management of small blunt FB that did not pass pylorus within 4-5 weeks or not progress for one week should be removed by endoscope.(Evidenc-C)

133-Answer: E.
FB in that lodge in esophagus could lead to esophageal stricture, perforation, aspiration pneumonia, fistula between esophagus and trachea and failure to thrive.

134-Answer: D.
Ingestion of Button Batteries are serious FB which may cause voltage burn and direct corrosive effect particularly in the first four hours of ingestion. Endoscopy is indicated to manage these FB if it remain in the stomach for 48 hours, or it is larger than 2 cm. If such FB pass duodenum , it will leave the body within 72 hours in most of cases(85%). If these FB pass duodenum you can ask for Plain X-rays every 3-4 days to follow their progress .

135-Answer: A.
ALTE is sudden event in which the infant exhibits combination of symptoms and signs including: apnea, pallor, cyanosis , redness, floppiness, rigidity, and chocking. Its incidence is 0.05-6% ,its peaks I the first ten weeks. About half of cases are idiopathic while the other half are caused by GIT related problem(50%), Neurological (30%), Respiratory(20%),cardiac(5%), Metabolic(<5%),and child abuse(< 5%).

136-Answer: E.
Many studies did not find any relationship between ALTE and the mentioned complication compared with control.

137-Answer: C.
In all infants develop ALTE, we should do for them CBC, blood sugar, electrolytes, blood gases, blood culture, urine analysis, ECG, serum bicarbonate and lactate. No need to do more than these investigation unless there is other findings support specific diagnosis such as fever, seizures .

Answers:Q138-141:138(B),139(C),140(C),141(A).
Klinefelter syndrome is caused by extra X syndrome (47 ,XXY) in males. It can go during early childhood without note as the signs are non-specific. It is detected in early adolescence in most of cases. KS occurs as 1:1000 male birth. It is responsible for about 3% of the total infertility(oligo or azospermia) in males. Typical hormonal assay will show high FSH,LH, normal prolactin and low testosterone.Clinical manifestations of KS include: gynecomastia, tall stature, small firm testes, small penis, motor delay, attention deficit, learning disability , speech difficulties, and psychosocial problems. Known complications of KS are: infertility, osteoporosis, breast cancer (20-50 folds) compare to normal individuals. Patients with KS die due to cardiovascular diseases and diabetes Mellitus. DVT is complication of KS. Patients with KS need health team approach, hormonal therapy(testosterone replacement therapy) and continuous care to early detect any abnormality to introduce appropriate medical care.

142-144:Answers: Q142(A), Q 143(C), Q144(C)
One in each five children suffers from significant reading difficulties. It is more common in boys than girls. Risk factors include: family history of language problems (23-65 %), prematurity, low birth weight(< 2.5 kgs), Klinefelter, Down, Fragile X, Prader-Willi, and Ret syndromes are associated with learning difficulties. Children who exposed to nervous

system infections such as meningitis or exposed to lead poisoning will suffer from learning difficulties.

145-Answer: D
HSP is the most common vasculitis affecting children . incidence rate is 14:100,000 child. The typical feature is palpable purpuric rash which present in most of children. URTI could precedes rash . Joint pain precedes rash in about one quarter of cases. Other manifestations include abdominal pain, hematuria, headache, scrotal swelling, seizure,hemoptysis, hematemesis and subcutaneous edema. Kidney will be affected and showed high urea, creatinine, proteinuria, and RBC casts. Liver is not affected in patients with HSP.

146-Answer: D
Investigations that should be requested for patients with HSP are: CBC, KFT, electrolytes, urine analysis, stool analysis(bloody stool). There is no indication to ask for ESR,CRP, Liver enzymes , or abdominal or chest x-rays as basic and essential for patients of HSP.

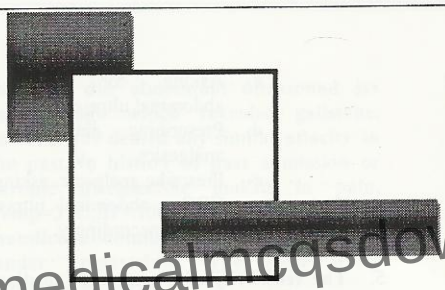
147-Answer: B
JRA affects four in each 1000 child. There are many associated morbidities in patients suffering from JRA. However, the most common one is uveitis(10-30%) of patients . It could be manifested with visual disturbance, eye pain photophobia or could be found by eye examination on .

148-Answer: B.
Rickets is caused by nutritional deficiency of vitamin-D which is considred the most common type of rickets , other types are: Vitamin-D dependent, or Resistant and rare type which caused by renal disorders. During evaluation this child you should ask about family history of rickets as there is Vitamin-D dependent rickets is autosomal recessive type and Vitamin-D resistant rickets is X-linked disorder. Rickets could be manifested as failure to thrive, seizure, developmental delay. Asking about the exposure to sun light and about dietary habits in the family are paramount to explore the underlying cause of rickets. There is relationship between polyuria and rickets.

149-Answer: E.
Clinical and radiological manifestations of rickets include : abnormal gait, delay milestone, skeletal deformities, failure to thrive, seizure, bone pain, short stature, leg bowing, dental abnormalities, muscles weakness, osteopenia, fractures, frontal bossing of skull, kyphosis, scoliosis, lordosis, flaring of wrist and delayed closure of anterior fontanel .

150-Answer: C
In this patient it is expected that serum calcium, phosphorus, and calcidiol, calcitriol and urinary calcium will be low while parathyroid hormone, alkaline phosphatase and urinary phosphorus will be high.

151-Answer: A.
In the first week of initiation of vitamin-D will increase as the first marker that indicate response to vitamin-D supply.The second marker is calcium .



Chapter Six

Surgery

1. **Nawal is a 23 years old Saudi female married who presented to ER at 11:pm complaining of nausea , and peri-umblical pain for the last six hours ,she also had fever, her LMP was thre weeks ago , no other significant complaints. She looked ill, in pain, temp=38C, no signs of dehydration , there was tenderness in the right lower quadrant and peri-umblical areas, rebound tenderness is positive. The most likely diagnosis was:**
   - a- Acute gastritis.
   - b- Acute colitis.
   - c- Acute hepatitis.
   - d- Ectopic pregnancy.
   - e- Acute appendicitis.

2. **The next step regarding management of this patients would be:**
   - a- Starting IV fluid and H2 blocker.
   - b- Asking for liver function test and hepatitis serology.
   - c- Starting antibiotics & analgesic .
   - d- Asking for CBC, urine analysis and act accordingly .
   - e- Admitting her to hospital and , ask for CBC, urine analysis, and consult surgeon.

3. **Nawal is most likely to be managed in hospital as following:**
   - a- Prescribing antibiotics, analgesics, and asking for abdominal ultrasound.
   - b- Asking for abdominal ultrasound , Liver function test and hepatitis serology and observation.
   - c- Asking for serial CBC, Ultrasound and observation.
   - d- Asking for serial CBC , ultrasound, observation and surgical operation according to results of investigations.

4. **Aisha is a 43 years old Saudi female married , she attended to your clinic today complaining of recurrent right upper quadrant abdominal pain(RUQ) for the last six months. The pain is colicky in nature, took hours and resolved gradually,it was associated with nausea and vomiting, there was no fever, no diarrhea or constipation , there was no significant past medical or surgical history . She was looked in pain, afebrile, no pallor or jaundice, there was tenderness in the RUQ, Morphy's sign was positive. The next step in managing this lady would be:**
   - a- Asking for abdominal ultrasound.
   - b- Asking for CBC, urine analysis and liver function test.
   - c- Asking for CBC and abdominal ultrasound
   - d- Prescribing antibiotics and analgesics.
   - e- Prescribe analgesic, asking for CBC , abdominal ultrasound and act accordingly.

5. **The sensitivity of Ultrasound to diagnose condition affecting Aisha is about:**
   - a- 65%.
   - b- 90%.
   - c- 100%.
   - d- 75%.
   - e- 80%.

6. **The best option of management that should be introduced for Aisha would be:**
   - a- Prescribe antibiotics and analgesic for two weeks, and following up.
   - b- Advise her to intake low fat diet for six months.
   - c- Perform lapratomy.
   - d- Perform open cholcystoectomy.
   - e- Perform lap. cholcystoectomy.

7. **Aisha insisted for Laprascopic operation. which one of the following is a common complication of this procedure ?**
   - a- Acute pancreatitis.
   - b- Bile duct injury.
   - c- Cholangitis.
   - d- Liver injury.
   - e- Bleeding.

8. **Her husband asked you about gallstone.Which of the following information you are convinced to tell him about this problem?**
   - a- Most patient with gallstone are asymptomatic.
   - b- The best investigation to diagnose gallstone is MRI.
   - c- Prevalence of gallstone is higher among males comparing to females.
   - d- Most of gallstones will be complicated with pancreatitis.
   - e- Asymptomatic patients should be operated.

9. **Nahed is 45 years old Saudi female teacher who presented to ER last night suffering from severe epigastric pain that radiating to back and associated with three blood free vomitus , continuous nausea and pain for the last six hours, pain is severe that she could not stand, there was no fever, no loss of consciousness . Past history revealed**

that she did abdominal ultrasound six months ago which revealed gallstone, however she denied any similar attacks in the past.No history of past admission or chronic diseases.She looked in pain, Temp=37C,BP=100/60mmHg, no pallor or jaundice, abdominal examination revealed tender epigastrium. The most likely diagnosis would be:

a- Perforated duodenal ulcer.
b- Rupture abdominal aortic aneurysm.
c- Acute pancreatitis.
d- Acute hepatitis.
e- Inferior myocardial infarction.

10. Initial investigations that should be asked for Nahed include all the following But:

a- Serum Amylase.
b- Abdominal Plain–X-rays.
c- Abdominal ultrasound.
d- Liver function test.
e- Endoscopy.

11. Management of Nahed should include all the following But:

a- Keeping her NPO.
b- Monitoring input and output.
c- Starting IVF.
d- Starting IV antibiotics.
e- Replace Ca^{++} Mg^{+}.

12. Details investigations showed that Aisha had acute pancreatitis, which one of the following is least likely cause of this condition?

a- High triglyceride.
b- Gallstones.
c- H.Pylori.
d- Viral infections.
e- Alcoholism.

13. Severity of this condition is assessed by all the following parameters But:

a- Serum calcium.
b- WBC.
c- Blood glucose.
d- Amylase.
e- LDH.

14. All the following are expected complications of acute pancreatitis except:

a- Pleural effusion.
b- Mal-absorption.
c- Psudocyst.
d- Diabetes Melitus.
e- Pancreatic carcinoma.

15. One of the following vitamins is not necessary to be prescribed for patient suffering from chronic pancreatitis:

a- Vit-K.
b- Vit-D
c- Vit-C.
d- Vit-E.
e- Vit-A.

16. Saeed is a 67 years old Saudi male resented to your clinic complaining of mild to moderate upper abdominal pain for the last three months. He mentioned that his weight decreased by seven kilograms since that time. He suffered from generalized fatigue . He is smoker for the last forty years (20 cigarettes /day), no history of drinking alcohol or using any type of drugs, no history of chronic diseases or past admission to hospital. He was looked ill, in pain, his weight was 67 kgs, BP=120/70mmHg, no pallor or jaundice, no clubbing, abdominal examination showed epigastric tenderness and 2*2 palpable mass. The least likely diagnosis in this patient would be:

a- Gastric cancer.
b- Liver cancer.
c- Colon cancer.
d- Irritable bowel syndrome.
e- Pancreas cancer.

17. To rule in or rule out the definite diagnosis, the first investigation that should be asked is:

a- Abdominal ultrasound.
b- Endoscopy.
c- Barium meal.
d- Colonoscopy.
e- Abdominal CT scan.

18. Later on ,the diagnosis was confirmed by CT scan to be Adeno-carcinoma of pancreas ,Senior surgon asked you about this condition, you could tell him all the following information except:

a- This tumor has poor prognosis.
b- Most of patients could be managed by surgical resection of tumor.
c- Chemotherapy and radiotherapy are two options of treatment.
d- Pain control in the patients suffering from this problem is the cornerstone of management.

19. Which of the following is established as a risk factor for adenocarcinoma of pancreas?

a- Alcohol intake.
b- Smoking.
c- Family history.
d- History of gasrectomy.
e- White race.

20. **Fadi is 43 years old Saudi male farmer presented to ER complaining of upper abdominal colicky pain, vomiting for the last eight hours , there wa no history of fever, diarrhea, or constipation . Physical examination revealed distended abdomen , tenderness in the epigastrium and periumblical areas, bowel sound was exaggerated. Which one of the following statements about Fadi 's condition is false?**
    a- Asking him about past surgical procedures is paramount.
    b- Intussusceptions is unlikely to be the underlying cause.
    c- Giving IVF is an initial important step to manage Fadi.
    d- Ultrasound is the first initial investigation that should be carried out for Fadi.
    e- Adhesion is most likely to be the underlying cause of this condition.

21. **Saad is a 66 years old Saudi male presented to your clinic as having left lower abdominal pain for the last ten hours, it was associated with vomiting and fever. He was looking ill, Febrile(38.2 C), no signs of dehydration but tenderness in the left lower quadrant of abdomen. The most likely diagnosis:**
    a- Sigmoid cancer.
    b- Spleen infarction.
    c- Diverticulitis.
    d- Diverticulosis.
    e- Ischemic bowel.

22. **You could ask for all the following investigations for this patient except:**
    a- Barium enema.
    b- CT scan.
    c- Stool analysis.
    d- CBC.
    e- Colonoscopy.

23. **Management of Saad should include all the following except:**
    a- IVF.
    b- NG suction.
    c- Surgical resection of the affected organ.
    d- IV antibiotics.

24. **Which one of the following statements about colon carcinoma is false?**
    a- Risk factors include smoking and ulcerative colitis.
    b- The most affected part is transverse colon.
    c- The basic treatment is surgical resection of the affected part and its regional lymphatic drainage.
    d- The investigation of choice is colonoscopy.

25. **Huda is a 47 years old Saudi female housewife attended your clinic yesterday complaining of right breast swelling for the last three months, there was no nipple discharge,no fever, no menstrual disturbance. Family and social history were insignificant , there was no significant past medical or surgical history. On examination, her breast looked normal, no discoloration, no discharge and both were symmetrical. Hard lump was found and measured abut 2x 2 cm.in the right upper quadrant, which fixed but not attached to skin, axillary lymph nodes were not palpable . The most likely diagnosis is:**
    a- Fibroadenoma.
    b- Intraductal papilloma.
    c- Breast abscess
    d- Breast Adonocarcinoma
    e- Fibrocystic breast disease.

26. **You wanted to confirm the diagnosis, you should ask for:**
    a- Breast ultrasound.
    b- Mammogram.
    c- Fine needle biopsy.
    d- Open biopsy.

27. **The least important risk factor for breast cancer is?**
    a- Advanced age.
    b- Family history of breast cancer.
    c- White race.
    d- Smoking.
    e- Late menopause..

28. **The most common clinical feature of breast cancer is:**
    a- Pain.
    b- Nipple discharge.
    c- Breast lump.
    d- Weight loss.

29. **Screening for breast cancer for a female whose mother has breast cancer should start at :**
    a- 40 years old.
    b- 30 years old.
    c- 25 years old.
    d- 35 years old.
    e- 20 years old.

30. **Work up for breast cancer staging include all the following <u>except:</u>**
    a- Liver function test.
    b- CBC.
    c- Chest X-rays.
    d- Physical examination.
    e- Urea, creatinine.

31. **Yahia is 43 years old presented to ER suffering from left lion pain radiating to groin for the last three hours, there was no dysuria, no hematuria no fever, he had nausea and three attacks of vomiting since the beginning of pain. He mentioned that he had three attacks for the past three years but this attack is so severe. No other relevant history. He looked in pain, no fever, pulse=100BPM , BP=135/90mmHg, tenderness left flank , rest of examination was normal. Your action now is:**
    a- Starting IVF.
    b- Starting IV antibiotics.
    c- Starting IV or IM NSAIDS.
    d- Asking for urgent KUB .
    e- Referring him to Urologist.

32. **The <u>best diagnostic</u> test to confirm renal stone is:**
    a- Complete urine analysis.
    b- Renal ultrasound.
    c- Helical CT scan of kidneys.
    d- IVU.
    e- KUB.

33. **Investigation revealed that Yahia had 5 mm stone in the left upper ureter, and urine analysis showed calcium oxalate. Your action would be :**
    a- Advising Yahia to restrict diet rich in oxalate .
    b- Refering Yahia to urologist.
    c- Reassuring Yahia , asking him to drink 3-5 L of water daily and follow up.
    d- Prescribing antibiotics for ten days and reassess him after that.
    e- None above.

34. **Which one of the following statements about Uric acid stones is <u>false?</u>**
    a- They are the least common type of renal stones.
    b- They are caused by increasing urinary uric acid secretion.
    c- Patients who suffer from this type of stone should be given sodium bicarbonate.
    d- Patients who have this type of stone may need Allopurinol.

35. **Which one of the following statements about renal stones is <u>false</u>?**
    a- They affect 1-4% of people.
    b- Calcium Oxalate type represent about 75% of renal stones.
    c- Calcium intake should not be reduced in people suffering from renal stones.
    d- Renal stone formation could be reduced by giving Allopurinol.
    e- Intake much water should be encouraged.

36. **Salem is a 67 years old Saudi salesman attended your clinic last week complaining from weak urinary stream, dribbling ,nocturia and urgency for the last eight months which became more severe during the last two weeks. There was no history of fever, bone pain, dysuria or weight loss , no past history of chronic diseases ,not smoker .Physical examination revealed the following findings: BP =125/80mmHg, Temp=36.8C, Pulse=75BPM , General examination was normal , Per rectal exam revealed mild enlarged prostate with smooth outline, not tender. You diagnosed him as Benign Prostate hypertrophy (BPH). Before initiation treatment which of the following <u>is not necessary</u> to be asked for:**
    a- Urine analysis.
    b- Prostate ultrasound.
    c- Prostate specific antigen.(PSA)
    d- Urea and creatinine.
    e- Urine culture.

37. **Results of investigations were normal except ultrasound which revealed enlarged prostate. The <u>treatment of choice</u> for this patient would be:**
    a- Open prostatectomy.
    b- Transurethral resection of prostate.
    c- Transurethral laser therapy.
    d- Starting Terazosin.
    e- Laser ablation.

38. **Ten years later, this patient attended to your clinic with back pain, urinary dribbling and hesitancy for the past four months. You expected that he might have prostate cancer. Which one of the following <u>is not considered</u> a risk factor for prostate cancer?**
    a- Advanced age.
    b- Smoking.
    c- Blacks people .

d- Family history.
e- High dietary fat.

39. All the following investigations should be asked for Salem except :
a- Prostate Specific Antigen(PSA).
b- Bone scan.
c- Bronchoscopy.
d- Back X-rays.
e- Pelvis CT scan.

40. Which one of the following tests is recommended for screening of prostate cancer ?
a- PSA.
b- Per rectum examination(PR).
c- Prostate ultrasound(USS)
d- None above.

41. Salem was proved to have prostate cancer, which one of the following options of management is not recommended for him?
a- Prostatectomy.
b- Radiotherapy.
c- Laser therapy.
d- Hormonal therapy.
e- Chemotherapy.

42. Ali is a 25 years old Saudi male presented to your clinic complaining of perineal pain and dribbling for the last four days .Other important question that should be asked to Ali include all the following But:
a- Marital status.
b- Sexual history.
c- Past similar attacks.
d- Dysuria.
e- Family history of prostate cancer.

43. Examination of Ali revealed that his prostate was swollen and tender, you want to confirm diagnosis.Which of the following investigations would you ask for?
a- Urine for C/S.
b- Prostate USS.
c- PSA.
d- Renal USS.
e- Prostate secretion for C/S.

44. The most common organism causing acute prostatitis is:
a- Chlamydia.
b- Klebseilla.
c- E.coli.
d- Proteus.
e- Staphylococcus.

45. The drug/s of choice for treating acute prostatitis is/are:
a- Norfloxacin for four weeks.
b- Ciprofloxacin for two weeks.
c- Cotrimexazole for four weeks.
d- All above.

Sami is a 39 years old Saudi male attended your clinic complaining of blood spots in his underwear cloths for the last three days, he mentioned that he took long time to pass stool which is hard in nature and small in amount since one year. He denied any anal or rectal pain. No other significant medical or surgical history, he is smoker but not alcoholic. Physical exam revealed internal pile.

46. You told him the diagnosis but he was not convinced by this diagnosis and he wanted to ensure of this diagnosis, your action would be:
a- Telling him that you are sure of diagnosis and no need for any further investigation.
b- Asking for Baruim enema.
c- Asking for anoscopy.
d- Asking for sigmoidoscopy.
e- Asking for colonoscopy.

47. Your diagnosis was confirmed to be first degree internal pile, your advise to this patient include all the following except:
a- Increase dietary intake of fibers.
b- Use sitz baths twice daily.
c- Prescribe laxatives.
d- Refer him to do injection sclerotherapy.

48. Four months later, he attended with severe anal and rectal pain of four hours which started two weeks ago but became more severe during the past twenty –four hours, You examined him but you could not do per-rectal examination due to severe pain. The most likely cause of this pain is:
a- Anal fissure.
b- Thrombosed pile.
c- Perianal abcess.
d- Anal stenosis.

49. Management of this patient include all the following measures except:
a- Increase dietary intake of fibers.
b- Use sitz baths twice daily.
c- Prescribe laxatives.
d- Surgical hemmorhoidectomy.
e- Rubber band ligation.

50. **Later on,he attended with the same attack , you found that he had anal fissure. Your management for this condition should include all the following <u>but:</u>**
    - a- Sitz baths.
    - b- Topical antibiotics.
    - c- Topical Nitroglycerine ointment.
    - d- Laxatatives.

51. **Othman is a 30 years old Saudi male presented to your clinic complaining of left groin mass for the last three months , this mass increased in size for the last three weeks and became painful. It disappeared when lying in his bed. No other complaints . Physical exam reveled left groin tender mass of 2 cm, which reducible.The most likely diagnosis of this mass is:**
    - a- Lipoma.
    - b- Inguinal lymph-node enlargement
    - c- Psoas muscle abscess.
    - d- Inguinal hernia.
    - e- Femoral hernia.

52. **The next step of action to manage this patient would be:**
    - a- Asking for groin ultrasound to confirm diagnosis.
    - b- Referring the patient for surgeon urgently.
    - c- Arranging for appointment with surgeon.
    - d- Prescribing analgesics, advise patient to avoid straining and give appointment within one months.

53. **<u>Best option</u> of managing Othman will be:**
    - a- Lipomaectomy.
    - b- Laprascopic heriarrhaphy.
    - c- Open herniarrhaphy.
    - d- Reassurance and follow up.

54. **Othman attended three months later to ER with the same complaints, he was seen by surgeon on call who decided to admit him within two weeks. As pre-operative care , the surgeon should ask for all the following tests/investigations <u>except:</u>**
    - a- CBC.
    - b- Urea, creatinine.
    - c- ECG.
    - d- Plasma Glucose.
    - e- Chest X-rays.

55. **Hani is a 28 years old player presented to ER while you were on call, he had injured his right foot while playing without boots . Physical examination revealed the following findings: BP=110/75 mmHg , Pulse=85 BPM , there was a dirty wound which was about 5 cm long and its depth is about 0.5cm on the lateral aspect of the foot , there was mild active bleeding, no loss of sensation and his foot movements were all normal. You asked him about his past immunization but he did not remember when he received. The <u>priority</u> in management this patient is to:**
    - a- Using pressure on the wound to stop bleeding.
    - b- Giving Tetanus vaccine and human tetanus immunoglobulin.
    - c- Suturing the wound.
    - d- Giving IVF.
    - e- Cleaning the wound.

56. **Management of the wound should include all the following <u>except:</u>**
    - a- Wound suturing.
    - b- Giving Tetanus Toxin .
    - c- Giving Tetanus Immunoglobulin.
    - d- Prescribing analgesics.
    - e- Advising daily wound cleaning.

57. **Sutures should be removed in this patient between**
    - a- 3-5 days.
    - b- 6-7 days.
    - c- 8-10 days .
    - d- 12-15 days.

58. **One of the following is not a risk factor for testicular cancer:**
    - a- Cryptorchidism
    - b- Smoking.
    - c- White race.
    - d- Rich fat diet.
    - e- Family history of Testicular cancer

59. **USPSTF recommends which of the following for screening testicular cancer**
    - a- Monthly self-examination.
    - b- Annual self-examination.
    - c- Annual ultrasound.
    - d- Annual physical examination
    - e- None above

60. **The most common presentation of testicular cancer is:**
    - a- Pain.
    - b- infertility.
    - c- scrotal swelling
    - d- Gynecomastia.
    - e- Weight loss.

61. **The best method to diagnose testicular cancer is:**
    - a- B-hCG.
    - b- Plain X-rays.
    - c- Ultrasound.
    - d- Clinical Examination

e- CT scan.

62. The primary treatment for testicular cancer is:

a- Radiotherapy.
b- Chemotherapy.
c- Orchidectomy.
d- Observation & follow up.
e- Radical inguinal orchidectomy.

63. The cure rate of early testicular cancer that does not metastasize is about:

a- 90%.
b- 80%.
c- 70%.
d- 60%
e- 50%

64.Differential diagnosis of painful scrotum does not include:

a- Testicular torsion.
b- Orchitis.
c- Epididimyitis.
d- Testicular tumor.

65.Normal cremastric reflex is present in all the following condition except:

a- Testicular torsion.
b- Orchitis.
c- Epididymitis.
d- Testicular appendix torsion

66.The most common cause of epididymitis in patients older than 35 years old is:

a- Chlamydia.
b- Proteus.
c- E.Coli.
d- N. Gonorrhea.
e- Ureaplasma urealyticum.

67.One of the following patients needs urgent referral to emergency department:

a- A 13 years old male with suspected hydrocle.
b- A 12 years old male with suspected acute orchitis.
c- A 75 years old male with suspected scrotal cancer.
d- A 17 years old male with suspected testicular torsion.
e- A 21 years old male with suspected epididymitis.

68.The least effective antibiotic used in management of epididymitis is:

a- Doxycyclin .
b- Azithromycin.
c- Ofloxacin.
d- Ceftriaxone.
e- Augmentin.

69.The best diagnostic test to differentiate between epididmyitis and testicular torsion is:

a- Color Doppler ultrasound.
b- C-Reactive Protein.
c- ESR.
d- CBC.

70.One of the following is not recommended to manage epididmyitis:

a- Analgesic .
b- Scrotal elevation.
c- Antibiotics.
d- Limitation of activity.
e- Local use of hot packs.

71.Scotal swelling which found to be" bag of worms" in consistency suggests:

a- Testicular cancer.
b- Inguinal hernia.
c- Testicular torsion.
d- Varicocele
e- Hydrocele.

72.The best diagnostic test to distinguish between different scrotal masses is:

a- CT scan.
b- Ultrasound.
c- C-reactive protein.
d- Color Doppler Ultrasound .
e- MRI

73. A 13 years old exposed to trauma to his scrotum while playing foot ball. The most likely cause of this pain is:

a- **Hydrocle.**
b- **Testicular torsion.**
c- **Varicocele.**
d- **Hematocele.**
e- **Orchitis.**

Answers

1-Answer: E.
Nawal is most likely to have acute appendicitis as she had periumblical pain that shifted later to right illiac fossa as manifested with tenderness in this area. Other diagnoses are less likely : acute gastritis presents as epigastric burning pain with or without loose motion, acute colitis pain is usually in the lower areas of abdomen without fever, acute hepatitis pain is located in right hypochondrium region and may be associated with fever, nausea, malaise and juandice. Ectopic pregnancy is unlikely as her LMP was three weeks ago.

2-Answer:E
Nawal is most likely to have acute appendicitis which needs admission to hospital and urgent asking for CBC, urine analysis and close observation by surgeon .

3-Answer: D.
Diagnosis of acute appendicitis is clinical in most of patients , however some investigation could help physician to some extent to rule in or rule out the diagnosis . Asking for CBC and sometimes for abdominal ultrasound will help in diagnosis of acute appendicitis. The definite method for confirmation is by histopathology. Management of this patient include observation and monitoring for progress of pain and vital signs and perorforming appendictomy in the case of high suspesion of acute appendicitis. Giving analgesics will obscure the natural and typical progress of acute appendicitis. There is no role for antibiotics as therapy but could be given one hour before operation as prophylaxis.

4-Answer: E.
This patient who suffred from recurrent RUQ pain for long time is most likely to have gallstone with or without cholycystitis. Now, she is suffering from pain which needs to be relived by giving analgesic . In the same time, we can ask for CBC which will help us to diffrentiate acute cholycystitis from biliary colic, cholangitis and gall stones. Asking for abdominal ultrasound will help in diagnosing gallstone and cholycystitis and other conditions such as renal stone, and liver pathology(cyst, abcesses,tumor).

5-Answer: B.
The sensitivity of ultrasound in detecting gallstone is 90-95% while specificity is around 85%.

6-Answer: E.
The best option of management for patient with symtomatic gallstone is to perform laprascopic chlolycystectomy

7-Answer: B
All listed complications could occur after Lap.Chole. However the most common reported one is bile duct injury.

8-Answer:A
At least 10-15 % of population hav gall stone which is asymptomatic in most of patients. Gallstones are usually diagnosed accidentaly while doing abdominal ultrasound or abdominal operations. Asymoptomatic patient(60-70%) of patients will not need to be operated. Although the most common cause of acute pancreatitis is gallstone , it is less likely that asymptomatic gallstone will cause acute pancreatitis. As patient age advance the incidence of gallstone increases particularly among females. Ultrasound has high sensitvity and specifity to diagonse gallstone (85-95%).

9-Answer: C.
Nahed had gallstone six months ago. Now ,she has severe epigastric abdominal pain that radiate to the back and associated with vomiting and tender abdomen . These manifestations is going either with acute pancreatitis or perforated duodenal ulcer. There is no past history or risk factors supporting the diagnosis of either peptic ulcer disease or acute AMI and hepatitis or rupture aortic aneurysm are less unlikely.

10-Answer: E.
Initial investigations of this patient should be relevant, non-invasive. They should include abdominal ultrasound which will help in diagnosing acute pancreatitis, gallstone , renal stone, anyurysm.Serum amalyase and liver function test and abdominal X-rays in the case of suspecting perforated ulcer and upper gut obstruction. Endoscopy is not an immediate investigation that could be asked for and should be reseved if no abnormality found in the results of the mentioned investigations.

11-Answer: D.
In patient expeted to have acute pancreatitis , we should start her on IV fluid to replace the lost fluid, keep her NPO , monitoring her input and output in addition to correct metabolic and electrolytes abnormalites. Prescribing antibiotics is not recommened unless there is secondary infection.

12-Answer:C.
In Saudi community the most common cause of acute pancreatitis is gallstones and high triglyceride as alchol use is uncommon. Other causes include billiary tree operations, viral infections and hyperparathyrodism. H. pylori is unknown to cause this condition.

13-Answer: D
According to Ranson's criteria , acute pancreatitis severity could be assessed by using some parametrs at presentation and after 48 hours ; they include: age of patient > 55 years, WBC>16.000,RPGe>200mg/dl, LDH >350IU/l, AST>250IU/l.Parametrs after 48 hours includes: Lowering hematocrit by more than 10%, increase BUN by more than 5 mg/dl, arterial PO2 < 60 mmHg, calcuim <8 mg/dl ,Base deficit> 4 Meq/l and estimated fluid loss by more than 600ml.

14-Answer: E.
All the mentioned complications could occur in patients suffering from acute pancreatitis except malignancy. Other known complications include: bleeding, abscess, and chronic pancreatitis.

15-Answer: C
Patients with chronic pancratitis will develop many problems as a result of malabosorption of fat soluable vitamines (DEAK) which should be provided for such patients.Vitamine-C is water soluble and no need to be prescribed for patients with chronic pancreatitis.

16-Answer: D.
In this old and smoker patient who had abdominal pain and weight loss for the past three months we should consider malignancy as the most likely diagnosis . Many tumors could give this presentation . Gastric cancer , pancreatic cancer and hepatocellular carcinoma are the most three suspected diagnosis in this patient. Colon cancer should not be forgetten . IBS is unlikely with this presentation as it is common in young and adulthood rather than elderly.

17-Answer: B.
This patient is most likely to have gastric cancer which make endoscopy as th first option to confirm this diagnosis.

18-Answer: B.
Adenocarcinoma of pancreas is one of the commonest tumors with poor prognosis , after five years of diagnosis 5% remain alive . Only 20% of patients could be managed surgically by pancreas resection . Chemotherapy and radiotherap are known to be used in management of this tumor . The corner stone of management is controlling of(pain , nausea and vomiting).

19-Answer: B.
There are several risk factors for pancreatic malignancy. Familial are reported, smoking is the strongest risk factor, other risk factros include alcohol, gastrectomy, and whit race.

20-Answer: D.
Fadi is most likely to have intestinal obstruction which could resulted from adhesion that occurred due to surgical operation . Intussusceptions is unlikely in this age . The investigaion of first choice in such patients is Abdominal X-rays. Initial management should include NPO, asking for urea, electrolyts, and starting IVF.

21-Answer: C.
This patient who presented with LLQ pain, fever and vomiting is most likely to have diverticulitis as the first diagnosis. Other possible diagnosis is ischemic colitis but there will be no fever. Divericulosis is an outpouching of colon mucosa through muscularis and it is unlikely to be manifested as described in this patient. Sigmoid cancer will present with constiption, bloody stool, weight loss but not as described in this patient. Spelenic infarction is rare in this age, no risk factors such as hemolytic anemia or trauma and the pain is usually in the left upper quadrant of abdomen without fever.

22-Answer: A
Investigations for patients suspected to have acute diverticulitis include CBC which may show leukocytosis, stool analysis which will reveal blood. CT scan will show the site and size of diverticulum and other complications such as abscess and fistula. Colonscopy could be used as diagnostic tool and will help in confirming diagnosis and its extent , ruling out polyps, malignancy . However, it should be done several weeks after acute attacks. Barium enema is highly specific and sensitive for diagnosis this condition but should not be done during acute phase as it may cause peritonitis and rupture .

23-Answer: C.
Essential management of Saad should include rehydration by IVF, keeping NPO and putting NGT, Starting IV antibiotics and analgesics. Surgical operation should be reserved for those not respond to the previous line of management or if complications such as (abscess or fistula, perforation or obstruction).

24-Answer: B.
Risk factors of colon cancers include: advanced age, inflammatory bowel diseases(CD &UC), smoking, intake of high fat diet, low fiber intake, radiation and colorectal polyps. The distal colon and rectum cancers represent most of colon cancer(65%) while transverse colon is affected in 10% of patients. The best diagnostic procedure is colonoscopy which could visualize the entire colon .The management of choice for colorectal cancers is surgery with radiotherapy or chemotherapy.

25-Answer:D.
This patient who had painless breast swelling in the right side is most likely to have breast adenocarcinoma .Fibroadenoma is common in young age(15-35 years) ,presented as rubbery in nature freely moblile pain less swelling . Intraductal papilloma present as stained bloody nipple discharge which may be associated with or without small palpable swelling. Breast abscess is presented as painful swelling in the breast and fever. Fibrocystic diseases present with cyclic breast pain which worsen before period. Multiple and tender breast nodules could be present in the upper and outer quadrants.

26-Answer:C.
Diagnosis usually depends on history, physical examination and doing mamogram. Mamogram is recommended to be done initialy in order to find the borders of cancer and to help in taking biopsy.Obtaning breast tissues for cytological examination could be carried out by using fine neele biopsy(FNB). Open exisional biopsy could be done if the FNB was negative.

27-Answer: D.
There are many risk factors for breast cancer which vary in their relative risk . Advanced age, two ore more relative with history, and personal history of breast cancer are strong risk factors.Moderate risk factors include: radiation, breast hyperplasia, one realtive with history of breast cancer,increasing breast density and high bone density .Other factors with lower relative risk include: early menarche, late menopause, nulliparity, use of oral contraceptive pills for more than five years, long term use of HRT, obesity, history of (uterus, ovary or colon cancers), consumption of alcohol and high socioecnomic status. Smoking is not known risk factors for breast cancer.

28-Answer: C.
In the early stage of breast cancer , most of patients are asymptomatic .In the late stage the most common symptom is painless breast mass.

29-Answer: D.
Screening for breast cancer by using mammogram is recommended to be started at 40 years old for females and to be repated every two years till 50 years old and then every year . For females with family history of breast cancer , mammogram should be initiated for them at 35 years old .

30-Answer: E.
Staging of breast cancer is basically depends on tumor size, , lymph nodes involvment and distant metastesis . In order to prepare patient for different intervention comprehensive physical examination ,CBC, liver function test,Chest X-rays, and kidney function tests. However urea and cratinine are not used in staging of breast cancer.

31-Answer: C.
The most important step in managing any patient with renal colic is to stabilize him and to releive pain by using strong analgesic or anti-inflammatory agent .Patient could be given IVF if he had dehydration. Next step is to ask for KUB as most of renal stone can be visualized .There is no role for antibiotics in managing classical renal stones. Calling urologist should be the last step to be done to discuss the future plan of this patient.

32-Answer: C.
In our daily practice we ask for KUB, urine analysis ,ultrasound and IVU in order to diagnose , to identify and to localize site of stone . However, Helical CT scan of kidney remains the most accurate diagnostic test that will detect the renal stone.

33-Answer: B.
In this patient who had oxalate renal stone ,it is necessary to be seen by urologist for further management . General advice for this patient include restrict high intake of protein , decrease intake of dietary sodium for less than 2 gram /day, keep normal daily intake of calcium and drink 3-3.5 liters of water daily.

34-Answer: A.
Uric acid renal stone is the second common renal stone after calcuim oxalate. This type of stone is usually associated with acidic urine and high uric acid secretion into urine. Preventive measures used to reduce this type of stone include alkalization of urine with Carbonate or Citrate or by reducing uric acid formation by using Allopurinol.

35-Answer: E.
Renal stones affect about 5% of popultation and increase in incidence with age. Calcium oxalate represent about 57-80% of total renal stones followed by uric acid stones (8-10%). Calicium intake should not be reduced in patients suffering from renal stones ,and people who had stone should drink adequate fluid such as water but should not drink much fluid which may lead to more pain in obstructed ureter and it will not help to pass stone as many doctors belive.Giving Allopurinol to patients who suffer from uric acid stone will help to prevent formation of more stones .

36-Answer: E.
After confirmation of BPH , physician should ensure that there is no associated complications or co-morbidity such as UTI, renal insufficiency , prostate cancer . Tests that should be asked for before initiation medical therapy include urine analysis, urea, creatinine, and prostate ultrasound .Urine culture should be asked for if there is indication such as presence of UTI .

37-Answer: D.
The initial management of BPH depend on the severity of symptoms and the associated co-morbidities. In this patient who had mild to moderate BPH , we should start medical therapy such as Fineasteride 2.5-5 mg daily or Terasozin 1-5mg daily .Surgical operation could be reserved for patients who did not respond to medical therapies and those developed urine retention, recurrent UTI , obstructive uropathy , hematuria and probable prostate tumor or those suffer from severe symptoms.

38-Answer:B
The most important risk factor for prostate cancer is advanced age. Blacks are more prone to develop this type of cancer. Family history of prostate cancer is another risk factor .Intake of high fat diet is considered another risk factor and chronic prostate inflammation also. Smoking is not reported to be associated with prostate cancer.

39-Answer: C
In patient who diagnosed as prostate cancer, many investigations should be carried out for him and include : CBC, PSA, KFT, Bone scan, Pelvic X-rays. Bronchoscopy is not needed unless this patient had respiratory manifestations.

40-Answer: D.
PR and prostate ultrasound are not recommended as screening test for prostate cancer. Regarding PSA , for the time being there is controversial about its use as screening test

41-Answer: C.
Options of management of prostate cancer depend on staging of cancer. However ,all the listed options could be used but Laser therapy which is not used at all in management of such condition.

42-Answer: E.
In this young patient we should ask about relevant information that would help us to narrow the differential diagnosis such social history (marital status), sexual history including past STD or similar attacks . Family history of prostate cancer has no value in this situation.

43-Answer: E.
Ali is most likely to have acute inflammation of prostate as history and physical examination revealed. To confirm diagnosis ,you should ask for C/S of prostate secretion. Asking for prostate ultrasound will not add more important information , asking for urine C/S will help to rule out associated UTI . PSA is not significant in diagnosis of acute prostatitis and renal ultrasound should not be requested unless there is other indication.

44-Answer: C.
The most common two organisms causing acute prostatitis are E. coli and Klebseilla .

45-Answer: D.
This patient could be given any one of the antibiotics mentioned in the question for one month duration.

46-Answer: C.
In order to confirm diagnosis of internal pile the recommended procedure is anoscopy.

47-Answer: D.
Management of first degree internal pile include : avoiding straining , intake more fibers, treating constipation by laxatives, and using sitz baths. Sclerotherapy is not advised in this stage.

48-Answer: D.
This patient with such clinical picture is most likely to have thrombosed pile ,other diagnosises could be considered but they low in list as this patient had history of hemorrhoid .

49-Answer: E
Management of thrombosed external pile include: increasing dietary intake of fibers, using warm sitz baths, analgesics, laxatives and surgical removal of hemorrhoid. There is no role

for rubber band ligation in acute management of external pile in this patient.

50-Answer: B
Management of patients suffering from anal fissures should include laxatives, stool softeners, sitz bath. Nitoglycerin ointment and or topical nifedipine could be used to reduce anal sphincter tone. There is no role for antibiotics or local anesthesia use.

51-Answer: D
This patient is most likely to have inguinal hernia. Other diagnoses are not likely to go with this scenario.

52-Answer: C.
The next step in management is to have appointment with the surgeon as the situation now is stable and there is no signs of strangulation .No need for ultrasound as hernia are clinically diagnosis . The last answer is not justified except for giving analgesia but to give appointment within one month itself is not beneficial as the management of choice is surgical repair.

53-Answer: B.
Till few years ago open herionrhaphy was the surgery of choice. With advanced technology ,the appropriate cost effective option of management is laparoscopic hernia repair.

54-Answer: E.
For all patients who undergo surgical operations , we should ask for the following tests: CBC, plasma glucose, urea, creatinine, and ECG. Chest X-rays is not recommended unless there is indication such as history of smoking or respiratory diseases.

55-Answer: E.
The first step in management the wound is cleaning and then stop bleeding in order to minimize wound infection and to remove foreign bodies such as soil and dust .The vital signs of this patient were stable which indicated that no much blood loss so there was no need for IVF . Giving tetanus toxoid & tetanus immunoglobulin is indicated as there was unknown past history of immunization. Tetanus toxoid should be repeated after six weeks and six months.

56-Answer: E.
Proper management of wound should include good cleaning, giving tetanus toxoid and tetanus immunoglobulin , giving analgesic to control pain and wound suturing. No need for daily wound cleaning .

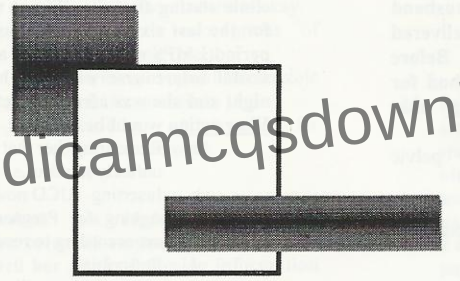
57-Answer: C.
Removal of sutures depend on the site of the wounds. In face wound , sutures could be removed between 3-5 days, in scalp ,arms, and trunk between 7-10 days, legs and joints (10-14 days).

Answers:58(D),59(E),60(C),61(C),62(E),63(A)

Testicular cancer represents 1-2% of all cancers in males. It is the most common cancer in younger male(20-35 years) with annual incidence of 4:100,000 individuals. Risk factors include: cryptorchidism(10% of testicular cancer have this condition) and its Odd ratio(2-5). Family history carries high risk (6-10 folds), ,whites are at risk than blacks . Other risk factors include smoking(2 folds).There is no association between type of diet and testicular cancer. The most common manifestation of testicular cancer is painless swelling and then pain. The best initial diagnostic method is ultrasound of testis (evidence-C). screening for testicular cancer is not recommended(evidence-B) even in high risk groups. The primary treatment of testicular cancer is radical inguinal orchiectomy that include removal of testicle and spermatic cord. Additional treatment will depends on the type and the stage of cancer(observation, radiation, chemotherapy). The cure rate depend on presence of metastasis . In those patient without metastasis, the cure rate is about 99% compared to those with advanced metastasis (10 years survival rate ranges from 66-94%). Follow up is important to assess for complications (infertility, secondary malignancies such as leukemia , CVS diseases) and recurrence (12 folds).

Answrs:64(D),65(A),66(C),67(D),68(E) ,69(B),70(E),71(D),72(D),73(D)
Epididymitis and orchitis and testicular torsion are the main causes of testicular pain. They affect young people than adults .Pain is gradual in onset in the first condition but abrupt in the second and third condition. Cremasteric reflex is abnormal in testicular torsion . There is tenderness in all the three conditions . in young people(15-35 years old), epididymitis is caused by N. gonorrhea or Chlamydia while those ≤15 years old and>35 years old, E. coli is the main cause of this condition. Risk factors for epididmitis include: sexual activity, strenuous exercise , bicycling, and prolonged period of sitting , prostate obstruction, urinary tract

instrumentation, and meatal stenosis. Diagnosis could be obtained by asking for ultrasound which will reveal enlarged, thick epididmyis with increase blood flow in the case of epididymitis, testicular mass with hypovascular areas in the case of orchitis but with normal testis and decrease blood flow in the case of testicular torsion. C-reactive protein could differentiate between epididymitis and torsion as its sensitivity of 96% and specificity of 94% for this condition . Management of testicular infections include analagesic and appropriate antibiotics (ceftrixone 250 mg IM single dose, and Doxycyclin 100 mg BID orally for ten days or Azithromycin 1 gram orally as single dose if patients do not tolerate Doxycyclin. If infection is caused by coliform bacteria, Levofloxacin 500 mg OD or Ofloxacin 300 mg BID orally for ten days(evidence-C). Other measures include scrotal elevation, analgesia, ice which could be to manage patients with orchitis .Scrotal masses could be divided into tender such as : torsion, orchitis, hematocele and non tender mass which include hydrocele(transilluminate), varicocele(bag of worms) .Painful testis after trauma suggests hematocel. Color Doppler Ultrasound is the first golden to diagnose scrotal mass . Patients with suspected testicular torsion and those with history of trauma should be Referred urgently for possible surgical intervention(evidence-C).



Chapter Seven

Gynecology & Obstetrics

1. **Huda is a 23 years old Saudi female attended your clinic with her husband asking for contraception , she delivered ten weeks ago normal baby . Before selection any contraceptive method for her, the least important question that you should ask about would be:**
   a. Past history of pelvic inflammatory diseases.
   b. Type of Baby feeding .
   c. Family history of coronary heart diseases.
   d. Past history of hepatitis.
   e. Past history of Deep Venous thrombosis.

2. **Comprehensive history from Huda was insignificant,you performed physical examination .Which one of the following is the least important to be done during physical examination:**
   a. Measuring blood pressure.
   b. Measuring weight .
   c. Pelvic examination.
   d. Heart and chest examination.
   e. Breast examination.

3. **While you are discussing methods of contraceptives, she preferred condom while her husband preferred Mini-pills . Your action now will be:**
   a. Prescribe condom.
   b. Prescribe Mini-pills.
   c. Tell them to come later on.
   d. Give them idea about advantages and disadvantages of each method and give appointment within one week.
   e. Discharge them now and tell them that they can choose any one when they are convinced about such option.

4. **After four weeks, Huda and her husband came and told you that they decided to use injectable contraceptive (Depo-provera). What you should tell them about this option?**
   a. It could be used safely while breast feeding.
   b. It should be given every six months as intramuscular injection(I.M).
   c. It is reversible method within three months.
   d. It could cause epilepsy.
   e. It could cause early osteoporosis.

5. **Nine months later, she attended to your clinic stating that she did not use injection for the last six months, her last menstrual period(LMP) was two weeks ago, she had sexual intercourse with her husband last night and she was afraid to get pregnancy. Your action would be :**
   a. Reassuring her that pregnancy is unlikely to occur.
   b. Inserting IUCD now.
   c. Asking for Pregnancy test and act according to results.
   d. Prescribing emergency contraceptive pills & repeat it after 12 hours.
   e. Prescribing Depot-Provera now.

6. **Salma is a 25 years old Saudi married teacher who was brought by her husband to your clinic complaining of moderate to severe vaginal itching and malodor discharge for one week, Other information that you should ask about include all the following except:**
   a. Current use of Antibiotics.
   b. Current use of contraceptives.
   c. History of dysuria.
   d. Current use of steriods.
   e. Illegal sexual contact.

7. **You asked for some investigations which revealed the following results: Vaginal discharge pH=5.8, WBC=15 hpf , many mobile flagellated organism, no yeast or clue cells. Your action would be:**
   a. Asking for Pap smear and give appointment within one week.
   b. Prescribing two grams of Metronidazole for both couple.
   c. Screening couple for HIV.
   d. Reassuring her and advising to practice regular vaginal hygiene.
   e. Asking her to avoid sexual intercourse for three weeks.

8. **Four months later she attended with her husband with the same past complaints. Your action would be:**
   a. Prescribing Metronidazole and Miconazole & appointment within two weeks.
   b. Asking for CBC, blood glucose and Pap smear.
   c. Examining her pelvis.
   d. Asking for vaginal discharge culture and sensitivity.
   e. Investigating her husband for STD.

9. **Her investigations were normal except of positive Whiff test.Your action would be:**
   a. Reassuring her that she is okay.
   b. Prescribing two grams of Metronidazole once.
   c. Prescribing vaginal Miconazole cream for one week.
   d. Prescribing Amoxycillin for couple for one week.
   e. None above.

10. **She asked you regarding preventive measure to avoid recurrent vaginitis, you could tell her all the following information except:**
   a. Avoid long use of antibiotics.
   b. Avoid wearing tight nylon underwear.
   c. Avoid diet rich in sugar.
   d. Avoid spermicides use.

11. **Suha is a 21 years old Saudi single student attended with her mother to your clinic complaining of fatigue, poor concentration, sadness , difficulty to sleep and breast pain for the last three days. She had recurrent attacks of these symptoms for the last three years. The least important question that should be asked is:**
   a. Abdominal bloating.
   b. Relation of those symptoms to menstrual cycles.
   c. Severity of symptoms.
   d. History of associated dizziness .
   e. Sexual history.

12. **After taking comprehensive history , the next step is:**
   a. Doing physical examination.
   b. Reassure the patient.
   c. Asking for CBC & electrolytes.
   d. Referring her to psychiatrist.
   e. Reassure her , give her rest for three days, reassess her within 24 hours.

13. **After twenty four hours , she attended and told you that her symptoms improved, except fatigue , physical examination was normal . The most likely diagnosis is:**
   a. Generalized Anxiety Disorder.
   b. Minor depression.
   c. Somatoform disorder.
   d. Premenstrual dysphoric disorder.(PMDD)
   e. Stress.

14. **Long term management of this patient includes all the following But:**
   a. Fluoxetine.
   b. Diazepam.
   c. Stress management & relaxation therapy.
   d. Restrict diet rich in salts& fats.
   e. Calcium or magnesium tablets.

15. **Faiza is a 15 years old Saudi single student attended with her sister to your clinic stating that she started to menstruate about nine months ago, the last three menses were associated with severe lower abdominal pain that radiated to back and continue for 2 days and then relived , when she had this pain she used Paracetamol , however there was no improvement , no other relevant complaints. Physical exam revealed the following findings:Temp=36.5C, P=80BPM, BP=110/70mmHg, supra-pubic tenderness, PV= Refuse to be done. Based on the above information. The most likely diagnosis is:**
   a. Secondary dysmenorrhea.
   b. Primary dysmenorrheal.
   c. Ovarian cyst.
   d. Premenstrual syndrome.
   e. Endometriosis.

16. **The most likely underlying pathology of primary dysmenorrhea is :**
   a. Psychogenic stress.
   b. Increase level of prostaglandin.
   c. Increase level of FSH, LH hormones.
   d. Decrease CAMP level.
   e. None above.

17. **The drug of choice for Fauzia would be:**
   a. **Aspirin.**
   b. **Paracetamol.**
   c. **Oral contraceptive pills.**
   d. **Danazole.**
   e. **Indomethacin.**

18. **Which one of the following features suggests primary dysmenorrheal rather than secondary one?**
   a. **Early presentation between 15-20 years old.**
   b. **Relived by NSAIDS.**
   c. **Presence of fibroid.**
   d. **Colicky nature of pain with radiation to the back.**

19. **Her mother attended with her last week, during consultation her mother told you that she had endomertiosis , and she wanted you to give some information about it. Which one of the following**

information you could not tell her about this disease?

a. Medical management include oral contraceptives.
b. Hysteroscopy is the golden standard of definite diagnosis.
c. It can cause dysmenorrheal.
d. It is known cause of chronic pelvic pain.
e. Classical clinical features are low back ache, dysparonia and infertility.

20. Nora is 34 years old Saudi teacher came to your clinic complaining of menstrual disturbance during the last six months, she mentioned that her menses took about 5-10 days and sometimes become heavy in amount that she changed her napkin almost daily. You wanted to ask her relevant questions regarding this complaint, which one of the following is the least important question to be asked?

a. Marital status.
b. History of smoking.
c. Fatigue.
d. Frequency of intercourse.
e. Dizziness.

21. All the following measures or procedures are important to be done for Nora But:

a. Weight, height and BMI.
b. Blood pressure.
c. Pulse.
d. Temperature.
e. Pelvic examination.

22. Now , Nora did not have menses , which of the following two test are essential to ask for?

a. Hysteroscopy and coagulation profile.
b. CBC , Pregnancy test.
c. Pregnancy test and abdominal ultrasound.
d. Urine analysis and hormonal assay.
e. Pregnancy test and blood glucose.

23. All the investigations were normal, the most likely diagnosis is:

a. Pelvic inflammatory diseases.
b. Polycystic ovarian disease.
c. Dysfunctional uterine bleeding.
d. Uterine cancer.
e. Fibroid.

24. The most likely underlying cause of the condition affecting Nora is:

a. Uterine polyps.
b. Uterine fibroid.
c. Anovulation.
d. Bleeding disorders.
e. None above.

25. Management of Nora's problem could include all the following modality of intervention But:

a. NSAIDs.
b. Oral contraceptive.
c. Danazole.
d. Dilatation and Curettage .
e. Tubal ligation.

26. Safia is 18 years old Saudi female student presented with her husband to your clinic complaining of missing her period since six months, she delivered one baby whose age now is one year old. All the following are important question that should be asked to her But:

a. Breast feeding.
b. Visual disturbance.
c. Mood disturbance.
d. Tinnitus.
e. Using contraceptives.

27. You conducted physical examination for her , which of the following should be looked for carefully as an indicator for underlying cause?

a. Temperature.
b. Blood pressure.
c. Pulse.
d. Body hair distribution.
e. Visual acuity.

28. Physical examination was normal, you decided to ask for investigations to find the underlying cause, which one of the following test will be the least important to ask for ?

a. Prolactin level.
b. FSH and LH level.
c. T3 and T4.
d. Hysteroscopy.
e. Pregnancy test.

29. Comprehensive investigation revealed that Safia had Pituitary micro-adenoma with hyperprolactinemia .Which of the following would be the first option to manage Safia?

a. Pituitary radiotherapy.
b. Surgical resection of the tumor.
c. Bromocriptine.
d. Any of the above .
e. None above.

30. **Which one of the following is <u>not a cause</u> of secondary amenorrhea?**
    a. Polycystic ovarian disease.
    b. Pituitary adenoma.
    c. Pelvic inflammatory disease.
    d. Hyper-parathyrodism.
    e. Oral contraceptive.

31. **Salma is 28 years old Saudi nurse attended your clinic suffering from left lower abdominal pain which colicky in nature, radiating to the back, her last menstrual period appeared eight weeks ago, she noticed today morning that small amount of blood came out from her vagina, no other relevant complaint. The <u>most likely</u> diagnosis is:**
    a. DUB.
    b. PID.
    c. Ectopic pregnancy.
    d. Abortion.
    e. Rupture of ovarian cyst.

32. **The <u>best</u> diagnostic and <u>safest</u> investigation that you should ask to confirm the above diagnosis is:**
    a. Pregnancy test.
    b. Pelvic ultrasound.
    c. Serum B-hCG.
    d. Laprascopy.
    e. Hysteroscopy.

33. **Management of Salma may include all the following <u>except</u>:**
    a. Salpingectomy.
    b. Methotrexate.
    c. Salpingostomy.
    d. Hysterectomy.

34. **The <u>most serious</u> complication that could occur for Salma is:**
    a. Complete abortion.
    b. Intr-abdominal bleeding.
    c. Infertility.
    d. PID.
    e. Sepsis.

35. **Haleema is a 22 years old Saudi female presented to your clinic complaining of recurrent headache for the last five months. Detail history did not indicate any real headache, exploration of her concern showed that she did not get pregnancy since her marriage three years ago and she wanted to get pregnancy. Important relevant questions regarding this concern include all the following questions <u>except:</u>**
    a. Frequency of intercourse.
    b. Timing of intercourse.
    c. Position of intercourse.
    d. Use of contraceptive methods.
    e. Vaginal discharge.

36. **The <u>least important</u> sign that you should look for in the above mentioned patient is:**
    a. Thyroid enlargement.
    b. Body hair distribution.
    c. Acne.
    d. Body build.
    e. Visual acuity.

37. **You decided to evaluate Halima's husband ,all the following should be asked about <u>except:</u>**
    a. History of scrotal trauma.
    b. Past history of mumps.
    c. History of dysuria.
    d. History of morning erection.
    e. History of breast discharge.

38. **Physical examination of couple were normal, the <u>next step</u> would be :**
    a. Encouragement of frequent intercourse.
    b. Reassure them and give appointment within two months if no pregnancy occurred.
    c. Ask for sperm analysis.
    d. Ask for LH, FSH, Prolactin for Halima and her husband.
    e. Refer both couple to gynecologist.

39. **To confirm that Halima has ovulating cycles , you <u>should</u> ask for:**
    a. Frequent measuring temperature during ovulation phase.
    b. Monitoring consistency of cervical mucous during ovulation phase.
    c. Measuring serum progesterone.
    d. Measuring urine FSH.
    e. Measuring vaginal pH.

40. **Post-coitus test (PCT)is used to assess for:**
    a. Occurrence of ovulation.
    b. Viability of sperms.
    c. Quality of interaction between sperms and cervical mucous.
    d. All above.
    e. None above.

41. **Investigations showed that Halima suffered from an-ovulation, the management of <u>choice</u> would be:**
    a. Starting Clomiphine Citrate.

b. Starting Bromocriptine.
c. Injecting HCG.
d. All above.

42. Farah is a 50 years old housewife who attended your clinic complaining of sleep disturbance, hot flushes, and mood disturbance for the last five months. Her last menstrual period was 17 months ago , no past history of medical, psychological or social problem. Physical exam revealed the following:BP=110/70mmHg,pulse=85 BPM, weight=70kgs, no pallor or jaundice , Pelvic exam revealed dry vagina. The most likely diagnosis is:

a. Hyperthyroidism.
b. Generalized anxiety disorder.
c. Menopause.
d. Bipolar disorder.
e. Insomnia.

43. She asked you about her problem, you can't tell the following statements for her but:

a. Her symptoms are likely to be result from her disturbance of some neurotransmitters.
b. Her symptoms are likely to be hormonal changes that occur in her age.
c. She needs intensive investigations to know the real underlying cause.
d. She needs anti-depressant to relive her symptoms.

44. To alleviate her symptoms, she could be started on which of the following agents?

a. Progesterone.
b. Estrogen.
c. Amitryptilin.
d. Citalopram.
e. Hormone replacement therapy(HRT).

45. You prescribed for her the appropriate therapy. While she was preparing herself to leave the clinic she mentioned that she had dysparonia.Your action of choice would be:

a. Advise her to stop sexual activity.
b. Advise her to use vaginal moisture such as Vaseline.
c. Prescribe estrogen vaginal cream .
d. Prescribe HRT orally.

46. Expected side effects /complications of HRT include all the following except :

a. Pulmonary embolism
b. Breast cancer.
c. Colon cancer.
d. Myocardial infarction.
e. Stroke.

47. The above patient attended after six weeks telling you that she read about osteoporosis , she is confused about risk factor of this condition. You could tell her that all the following are considered risk factors for this problem but

a. Obesity.
b. Smoking.
c. Sedentary life.
d. Steroid use.
e. Chronic liver diseases.

48. The best diagnostic test for osteoporosis in this lady would be:

a. Calcitonin and calcium level.
b. Lumbar spine plain X-rays.
c. Dual-Energy X-rays Absorption(DEXA) scan.
d. Lumbar spine CT scan.
e. Lumbar spine MRI.

49. Results of the investigation revealed that she had osteoporosis, she asked for therapy, which one of the following agents should not be prescribed for her ?

a. Raloxifene.
b. Calcitonin.
c. Bisphosphonates.
d. Fluoride.

50. Her daughter of 30 years old was with her and asked you to advise her regarding prevention of osteoporosis, you can advise her to practice all the following measures except:

a. Practicing regular walking exercise (30 minutes per day for five days weekly.
b. Intake food rich in calcium such as milk and cheese.
c. Intake 400IU of vitamin-D. daily.
d. Stop smoking if she is smoker.
e. Annual bone plain X-rays .

51. Fatema is a 21 years old Saudi college student(P 1 A0) attended your clinic with her husband telling you that they decided to get pregnancy after years of contraceptive use(IUCD), detail history and physical examination were insignificant. Your action could include all the following But:

a. Ask for CBC, ABO, and Rh.

b. Ask for Rubella, Hepatitis-C, hepatitis-c serology and VDRL.
c. Ask for Pap smear.
d. Prescribe Iron tablets.
e. Prescribe Folic acid tablets.

52. Three months later, she attended stating that she had amenorrhea for the past six weeks and she came for your advice. The next step in caring for this patient would be:
a. Asking for pregnancy test.
b. Asking for abdoen ultrasound.
c. Performing clinical examination.
d. Teling her about physiological changes in pregnancy.
e. Referring her to obstetrician.

53. Evaluation of Fatma revealed that she was pregnant and embryological sac was identified , you could tell her all the following information But:
a. She is pregnant and her embryo is normal.
b. She is pregnant and needs regular follow up .
c. She needs to intake Folic acid till after delivery.
d. She needs to intake. adequate amount of fibers and fluids.
e. She needs to receive an extra 300 calories per day.

54. Four weeks later she attended your clinic suffering from lower abdominal pain and small amount of blood came from vagina for the last ten hours. Physical examination revealed that Fatma was in pain, no pallor, normal vital sign, lower abdomen was tender , vaginal exam showed small clots of blood and closed cervical os. Fatma was most likely to have:
a. Ectopic pregnancy.
b. Threatened abortion.
c. Missed abortion.
d. Inevitable abortion.
e. Septic abortion.

55. Your action regarding management of Fatma would be:
a. Reassuring her and give appointment.
b. Reassuring her , advise bed rest, and follow up within 24 hours.
c. Reassuring her, start her on IVF, and referring her to hospital .
d. Reassuring her and refer her to hospital.
e. Asking for abdomen ultrasound .

56. The probability that Fatema will continue to normal pregnancy is:
a. 75%.
b. 25%.
c. 50%.
d. 10%.
e. 5%.

57. Six month later Fatema attended for regular follow up , all the following should be done for her except:
a. Measuring blood pressure and body weight.
b. Pelvic examination.(PV)
c. Abdominal examination.
d. Asking for Hemoglobin .
e. Asking for abdomen ultrasound

58. Her evaluation revealed the following findings: BP 110/70 mmHg , urine showed pus cells=15/hfp and protein (+). Your action would be:
a. Repeating blood pressure and Urine analysis.
b. Asking for urea and creatinine.
c. Asking for urine culture.
d. Asking for 24 hours urinary protein.
e. Prescribing antibiotics.

59. Two weeks later, Fatma presented for follow up, you conducted physical examination which revealed :BP=150/100 mmHg(three readings),pulse=78BPM,other examination was normal. Your next step would be asking for:
a. Urine analysis.
b. Urea and creatinine.
c. Urine culture.
d. 24 hours urinary protein.
e. Abdominal ultrasound.

60. All above investigations revealed normal results, the most likely diagnosis is:
a. Pregnancy induced Hypertension
b. Gestational hypertension
c. Essential hypertension
d. White coat hypertension
e. None above

61. Management of choice for this patient would be:
a. Starting Labetolol .
b. Starting ACE inhibitors.
c. Starting Diuretics.
d. Starting Methyldopa.
e. Starting Hydralazine.

62. Now ,she is at 28th gestational age, she attended for follow up, which one of the

following tests is recommended at this time?

a. Abdominal ultrasound.
b. Glucose tolerance test (GTT).
c. Hemoglobin.
d. Urine culture.
e. CTG.

63. Investigations showed the following results:Normal ultrasound,Normal CTG, Normal urine culture ,Hb=12.5g/dl, FBS=145mg/dl,PPBS=210mg/dl.Fatma most likely to have:

a. DM type-2.
b. DM type-1
c. Impaired glucose tolerance test.
d. Gestational DM.(GDM)
e. Can't tell depending on this results.

64. Details investigations reveled that Fatma had Gestational DM, her management should not include:

a. Diet therapy.
b. Insulin.
c. Exercise.
d. Weight loss.

65. Fatma's baby is least likely to get:

a. Hypoglycemia.
b. Macrosomia.
c. Hypocalcemia.
d. IUFD.
e. Hypokalemia.

66. We can classify this patient to have type-2 DM ,if her fasting blood does not return to normal range after:

a. Two weeks of delivery.
b. Three weeks of delivery.
c. Four weeks of delivery.
d. Six weeks of delivery.
e. Five weeks of delivery

67. This patient came after ten weeks , you asked for FBS and RBS.Results showed following:FBS=85mg/dl,RBS=135 mg/dl. Your advice for Fatma would be:

a. Eating well balance diet and practice exercise and check her blood sugar after six months.
b. Eating normal family diet ,practice exercise and check her urine for sugar after one year.
c. Eating low starchy diet, low fatty diet, practice exercise and check blood glucose after two years.
d. Eating well balanced diet , practice regular exercise, check blood sugar after two years.
e. Eating well balanced diet, practice regular exercise, check blood glucose after one year.

68. Salwa is a 31 years old Saudi housewife presented to your clinic in early morning suffering from lower abdominal pain that radiating to the back for the last four hours ,she followed with you as pregnant lady of (G4P3A0) , calculating her expected date of delivery indicated that she is now in her 39th week of pregnancy. Physical examination revealed the following :she looked in pain, BP=110/80 mmHg, Temp=36.6C, Fundal height at umbilicus, uterus contracting,PV= 3 cm dilated cervix, partially effaced,, no engagement , Station= -2 ,fetal heart sound positive. Your next step regarding management this patient would be:

a. Giving anti-spamodic and telling her to come if pain become severe.
b. Asking for CTG and abdominal ultrasound.
c. Asking for CBC, urine analysis, starting IVF and observing her vital signs.
d. Referring her to the nearest maternity hospital.
e. Reassuring,giving Paracetamol and ask her to come if pain become severe.

69. This pain is most likely due to:

a. Premature labor.
b. Premature rupture of membrane.
c. True labor.
d. Non specific abdominal pain.
e. None above.

70. If this lady had labor, it is likely to deliver within:

a. 12 hours.
b. 24 hours.
c. 48 hours.
d. 36 hours.
e. 72 hours.

71. After 14 hours this lady delivered 4.7 Kgs baby. Which one of the following is most likely to occur for her?

a. Post-partum depression.
b. Pulmonary embolism.
c. Diabetes mellitus.
d. Post-partum bleeding.(PPB)
e. Sheehan syndrome.

72. **She stayed twenty hours in hospital, in the second day her physician discharged her home, which of the following advices should not be recommended for her?**
    a. Regular breast feeding.
    b. Taking Iron ad Folic acid till six weeks later.
    c. Calling doctor if her abdominal pain continues for more than 72 hours.
    d. Attending ER if her temperature increased during the coming 72 hours.
    e. Walking as early as possible to prevent DVT.

73. **After six weeks she attended to your clinic for follow up, which of the following measure/s is/are necessary to be done for her?**
    a. Hemoglobin level.
    b. Urine analysis.
    c. Blood glucose.
    d. Pregnancy test.
    e. All above.

74. **During this visit the least important question that physicians ask her about would be:**
    a. Patterns of baby feeding .
    b. Practicing exercise.
    c. Intake of Iron and Folic acid.
    d. Drinking adequate fluids.
    e. Vaccination her baby.

75. **Lila is a 23 years old Saudi housewife (G3P2A0) presented to your clinic telling you that she is in her eight weeks of pregnancy .Now she is suffering from nausea and vomiting for the last two days, no other complaint. Physical examination revealed the following findings: BP=110/70 mmHg,Pulse=78BPM,weight=71kgs, Temp =36.8C,PV=normal,uterus-size corresponded to ten week of gestation , other examination was normal. This patient most likely to have:**
    a. Multiple pregnancy.
    b. Hydatid mole.
    c. Gastroesophageal reflux.
    d. Hyperemesis gravidarum.

76. **Management of Lila should include all the following But:**
    a. Asking for abdomen ultrasound.
    b. Advising her to eat small and frequent meals.
    c. Admitting her to hospital for IVF and close monitoring.
    d. Discontinuing Iron tablet if she was on.
    e. Prescribing Vitamin -B 6.

77. **Five months later, Lila attended to Emergency department complaining of lower abdominal pain and small amount of dark color vaginal discharge for the last twelve hours. Important and relevant questions that you would ask Lila include all the following except:**
    a. Exposure to abdominal trauma.
    b. History of smoking.
    c. History of drug use.
    d. Past history of twin delivery.

78. **Physical examination of Lila showed dark blood in vagina, but no active bleeding , BP=110/70mmHg,pulse=80BPM,Temp= 37C , FHR=140BPM, , Uterus was tender and corresponded to 30 weeks of gestation, You decided to do comprehensive assessment for Lila, which one of the following should not be included ?**
    a. CBC.
    b. PT,APTT.
    c. B-hCG.
    d. ABO & Rh.
    e. Abdominal ultrasound.

79. **Results of investigations were normal except ultrasound which showed mild placenta separation with normal fetus. The appropriate action would be :**
    a. Reassure Lila and discharge her with appointment within one week.
    b. Reassure the patient , admit her to hospital for observation .
    c. Start her on IVF , ask for blood, and arrange for urgent LSSC.
    d. Reassure her ,admit her and start her on tocolytics.
    e. None above.

80. **The most serious complications that may occur for Lila is:**
    a. Thrombocytopenia.
    b. Iron deficiency anemia.
    c. IUFD.
    d. DIC.
    e. Sepsis.

81. **The accurate test/procedure to identify the cause of bleeding in the late pregnancy is:**
    a. P/V examination.
    b. Color of vaginal bleeding.
    c. Blood pH.
    d. Abdominal ultrasound.

82. **Termination of pregnancy by cesarean section(CS) in pregnant with ante**

partum bleeding depends on all the following factors except:

a. Severity of vaginal bleeding.
b. Gestational age.
c. Patient Hem-dynamic stability.
d. Mode of delivery in the previous pregnancies.

83. Nadia is a 29 years old (G4P2A1) presented to your clinic complaining of lower abdominal pain that radiated to back for the last twenty-four hours ,she added that this pain is similar to that occurred during her labor of the past deliveries. You reviewed her record and found that she was about thirty-three of gestation. Her antenatal care visits in this pregnancy revealed normal findings. On physical examination , she looked in pain, not in distress,BP=110/75mmHg, pulse=82BPM, Temp=36.6C,fundal height corresponded to 34 ± 1 week,cephalic presentation, longitudinal lie,uterus was actively contracting, pelvic exam was normal,cervix s dilation was about 2cm. Next step of ion would be:

a. Reassure her that this pain is normal, give pain killer, discharge her and give open appointment.
Advise her to take rest, analgesic nd to come if pain become re severe.
her on tocolytic till ction stop .
her to obstetrician for luation & management.

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86. The immediate action to manage this patient would be:

a. Start patient on antibiotics , send vaginal swab for C/S.
b. Send swab for C/S and start antibiotics.
c. Give anti-pyretic, send vaginal swab for C/S and act depending the results of C/S.
d. Send vaginal swab for C/S, start antibiotics and antipyretic, monitor mother and fetus closely.
e. Arrange for labor induction.

87. Khawla is a 31 years old Saudi nurse(G3P2A0), presented to your clinic during the third month of her current pregnancy, she complained from constipation for the last five days , no other compliant. She is on Folic acid and Iron tablets since two weeks. Physical examination was normal. Your advice for this patient should include all the following except:

a. Increasing fiber intake.
b. Increasing fluid intake.
c. Practicing regular exercise(walking).
d. Discontinuing Folic acid.
e. Discontinuing Iron tablet.

88. She asked you about what are the causes of such complaint , your response could include all the following except:

a. Constipation could occur due to decreasing gut motility and relaxation of gut smooth muscles during pregnancy.
b. Uterus could press on gut and tend to constipation.
c. Increase water resorption .
d. Increase Estrogen and Progesterone level.

89. The above mentioned lady attended after four weeks for her regular antenatal care(ANC) visit, all the following tests/ procedure should be done for her except:

a. Urine analysis .
b. Glucose tolerance test.(GTT)
c. Weight measurement.
d. Blood pressure measurement.

Najwa is a 35 years old Saudi female teacher (G4P3A0), presented to your clinic r regular antenatal care visit. She did l during her pregnancy. While you were wing her file you found that she was nd of her 42nd week of gestation, you er about fetal movement, she

responded that it was okay.No other complaint.The most common cause of postdated in this lay is:

a. Fetal abnormality.
b. IUGR.
c. Inaccurate dating by using LMP.
d. Inaccurate dating by using USS.

91. Your next action to manage this lady would be:

a. Asking for abdominal USS.
b. Asking for CTG.
c. Calling obstetrician and asking his opinion.
d. Doing physical examination.
e. Referring her to obstetrician for further management.

92. After long discussion with her husband , you referred her to Maternity hospital .All the following are expected to be done for her at hospital except:

a. Doing USS.
b. Doing CTG.
c. Inducting of labor.
d. Performing LSCS.
e. Admitting the patient.

93. The pregnancy was confirmed to be postdate, all the following features could be seen in her baby except:

a. Underweight.
b. Skin desquamation.
c. Long nails.
d. Microcephaly.
e. Long and thin girth.

94. Induction of labor could be done for this patient unless she had:

a. Gestational diabetes.
b. None reactive CTG.
c. Fetal distress.
d. Placenta pravia.
e. Premature rupture of membranes

95. Twenty –four hours after delivery,Najwa developed vaginal bleeding (about 530 ml) ,she was seen by house-officer who called resident on call. House-officer was expected to do all the following till the resident attend except :

a. Do Bimanual uterine compress.
b. Measuring blood pressure and pulse.
c. Giving IV or IM Oxytocin.
d. Asking for CBC, ABO and blood for cross matching.
e. None above.

96. The most likely underlying cause of bleeding in this lady is:

a. Cervical tear.
b. Uterine rupture.
c. Retained placenta.
d. Uterine atony.
e. Coagulopathy.

97. Incidence rate of severe Post Partum Hemorrhage (PPH) affects about:

a. 3% of births .
b. 5% of births.
c. 10% of births.
d. 1% of births.
e. 18% of births.

98. Three days later, Najwa developed fever, no other complaints such as dysuria, breast pain.Temp=38.9C, tender uterus. The most likely diagnosis is:

a. Vaginitis.
b. Peylonephritis.
c. Pelvic abcess.
d. Endometritis.
e. Acute salpingitis.

99. Initial investigations of this patient should include all the following except:

a. CBC.
b. Blood culture.
c. Urine culture.
d. High vaginal swab for culture.
e. Coagulation profile.

100. Gold standard management of this patient should include all the following anti-microbial agents except:

a. Gentamycin.
b. Metronidazole .
c. Ampicillin.
d. Cefoxitin.
e. Clindamycin.

Answers

1-Answer: C.
Before selecting any contraceptive method for this lady, it is necessary to take comprehensive history to explore the contraindication for all possible contraceptives and to choose the most effective and least harm method. We should ask about any previous history of liver diseases, DVT, Pelvic infections, migraine, neoplasm, diabetes, smoking, gallbladder diseases and drugs history.

2-Answer: D.
For any lady would like to use any contraceptive method, we should carry out relevant physical examination such as BP, weight, breast and pelvic examination. Justification for such examination is double; first to ensure that there is no contraindication such as tumor, infections and DVT and to have base line parameters such as blood pressure and weight. Even what mentioned in the question are important, but chest examination in lady without cardiopulmonary problem or symptoms will not add a lot or will change decision regarding the selected contraceptive method.

3-Answer: D.
In this situation, the treating physician should provide the couple with adequate and clear, specific and simple information about the two contraceptive methods. Physician should not decide on behave of any one of them , he should give them time to choose what type they agree on and should not terminate consultation prematurely as this will affect doctor patient relationship .

4-Answer: A.
Depo-Provera is an option of contraception. It could be used safely in mothers who use breast feeding for their babies. This IM injection is used every three month, its effects may take one year to return to normal menstrual cycle rhythm. It can cause reversible reduced bone density but not found to cause osteoporosis if it used for less than two years. Epileptic patient can use these drugs without increase in the frequency of seizure attacks. This medication can cause vaginal blood spotting at the beginning of use. .

5-Answer: D.
In this patient who received contraception during the last six months, with LMP two weeks ago, and practiced intercourse last night needs emergency contraception (EC). Prescribing two doses of either progesterone only pill (POP) or combined pills within 72 hours of intercourse with 12 hours interval is the most effective option. Other options are either not practical or less effective in this situation.

6-Answer: E.
Although all the listed questions are relevant to vaginal discharge as a cause or risk factors but patient privacy should be respected in all communities in general and Saudi community particularly . Illegal sex is prohibited in Muslim community and asking directly about such practice may cause many ethical and social problems for doctors.

7- Answer: B.
This patient had Trichmonas vaginalis which is considered STD. She should be given Metronidazole two grams once and also her husband. Sexual intercourse should be avoided till vaginal discharge disappears.

8-Answer: C.
After taking comprehensive history, almost, we conduct the relevant examination and then ask for relevant investigations.Recurrent vaginal discharges in married females indicate screening her and her husband for STD. Treatment should not be initiated unless clear diagnosis established.

9-Answer: B.
This patient is most likely to have bacterial vaginosis that caused by Gardnerella vaginalis and characterized by thin vagina discharge of fish odor .Diagnosis depends on presence of three criteria out of four: pH>4.5, positive whiff test (amine test), clue cells and homogenous vaginal discharge. Treatment of bacterial vaginosis could be one of the following: 2 grams of Metronidazole as single dose, or 500 mg BID for one week, Clindamycin 300 mg BID for one week, vaginal metronidazole (0.75 gel) BID for five days. Husband treatment is not indicated in such cases.

10-Answer: C.
Generally, to prevent recurrent bacterial vagnosis, patients should use cotton underwear clothes instead of nylon, avoid long term use of antibiotics, and avoid irritant chemical substance such as spermicides or lubricant. Diet rich in sugar should be minimized if the patient is diabetic.

11-Answer: E.
As this female was single, it unethical to ask her about her sexual activities .As a result, the least important question to be asked is sexual history.

12-Answer: A.
In routine assessment of this patient, we should carry out physical examination and then manage accordingly. Reassurance and referring to psychiatrist are premature decision before conducting clinical examination and asking for relevant investigations.

13-Answer: D.
This patient is most likely to have PMDD, as she had five criteria of this disorder; recurrent sadness, fatigue, poor concentration, breast pain, and sleep disturbance for the last three years which resolved after menses.The other diagnoses could be excluded as the problem of this patient is related to her menstrual cycles. Other symptoms include breast pain, muscular pain.

14-Answer: B.
This patient could be managed by dietary modification such as reduction use of salt, caffeine and fat, psychotherapy and relaxation technique, regular exercise, vitamin B6, calcium carbonate, diuretics, NSAIDS and anti-depressant, anxyolytics such as buspirone could be used to manage the different symptoms of this disorder. Diazepam is contraindicated as it leads to addiction and dependency.

15-Answer: B.
This young female who started to menstruate few months ago is most likely to have primary dysmenorrhea which usually affects young females , starts with menses and takes about 72 hours before complete recovery .Secondary type is least likely in this patient as she developed this problem few months ago and for the time being we do not know if she had underlying cause. Ovarian cyst could cause abdominal pain but not like what described in this case. PMS is unlikely due to absence of essential features for diagnosis in this patient. Endometriosis is pathological diagnosis in which the endometrial tissues are found outside uterine cavity. It could cause secondary dysmenorrheal, but could not be diagnosed clinically.

16-Answer: B.
The underlying cause of primary dysmenorrheal is increase the level of prostaglandin.

17-Answer: E.
Paracetamol was used by her but no relive of symptoms, so there no need to repeat prescribing of this medication. NSAIDs could be used as the first drug of choice followed by oral contraceptive. As this patient is single female, prescribing oral contraceptive for her may lead to some social problems as this pills used only for contraception in our community. Danazole could be used but it is not the first choice option due to its common side effects such as acne and hirsutism. The rest two options are Aspirin and Indomethacin. Indomethacin is the first drug of choice as it could relieve the pain and it is has less side effect comparing to Aspirin.

18-Answer: A.
Primary and secondary dysmenorrheal have common features such as colicky nature of pain in the lower part of abdomen that radiating to the back which occurs around menses. In the primary type the symptoms affect young females while the secondary type affect female in late age (after 30 years). Both types could be relieved by using NSAIDs. There is underlying cause for the secondary type (fibroid, endometriosis, PID, and polyps) while no definite underlying cause for the primary type in spite of increase of prostaglandin level.

19-Answer: B.
Endometriosis is presence of endometrial tissue outside endometrial cavity. These problems may affect females during their reproductive age and regress after menopause. It is one of the common causes of secondary dysmenorrheal. The main features are lower abdominal pain radiating to the back, dysparonia and infertility. Definite diagnosis is confirmed by laparoscopy. Medical therapy include symptoms relive using NSAIDs, and oral contraceptives.

20-Answer: B.
In any lady presents with vaginal bleeding we should take comprehensive history that include marital status, sexual history if married, using any medications, pattern of bleeding , association with menstruation, symptoms of anemia such as fatigue, dizziness, shortness of breath and palpitation. Asking about lifestyles is paramount particularly diet and smoking but in this case there is no direct relationship between smoking and vaginal bleeding in addition that smoking among Saudi females is rare.

21-Answer: D.
All the mentioned measures should be carried out, however measuring temperature in a patient without fever will not add a lot regarding diagnosis or decision making. Blood pressure and pulse will help to find out how the patient suffers from hypotension or anemia. Pelvic

examination may help to find out the cause of bleeding such as polyps and tumor and measuring weight are necessary to estimate malnutrition.

22-Answer: C.
The most important diagnosis that should be ruled in or ruled out in female of reproductive age is pregnancy. Pregnancy could be definitely diagnosed by asking for pregnancy test and asking for abdominal ultrasound. Other investigations could be ordered if pregnancy was ruled out to find the other underlying causes of amenorrhea.

23-Answer: C.
In non pregnant ladies who presented with vaginal bleeding and no causes was identified, the most likely diagnosis is DUB. Other causes which may cause vaginal bleeding are several and include fibroid, cancer, bleeding disorders, and hormonal disturbance.

24-Answer: C.
In this lady where no definite cause was identified, it is most likely due to anovulation

25-Answer: E.
Management of DUB includes many modalities of therapy such as NSAIDS, oral contraceptive pills, Danazole, hysterectomy and D&C. There is no role for tubal ligation in management such cases.

26-Answer: D.
For any lady presented with missing her menses for more than six month we should evaluate her in comprehensive way. This patient missed her menses for long time which indicates through evaluation that include history about breast feeding, using contraceptives, history of severe exercise, stress, visual disturbance, change of mood and voice, lack of interest in sex, weight changes, appetite , and headache.

27-Answer: D.
Although all the mentioned options are important in detecting the underlying cause, we should be aware that vital signs and visual acuity will not add so much diagnostic clue for amenorrhea. Body hair distribution abnormality such as hirsutism can help us in diagnosing polycystic ovarian syndrome.

28-Answer: D.
Initial investigations for ladies who present with amenorrhea should include measuring of hormones that confirming pregnancy such as B-hCG and hormones that affecting menstrual cycle such as prolactin , FSH, LH and thyroid hormones. Hysteroscopy should be carried out if abdominal ultrasound and hormonal assay were normal.

29- Answer: C.
The appropriate option in managing this patient now is prescribing bromocriptine which will reduce the level of prolactin and reduce the size of tumor. Surgical removal of tumor could be done but radiotherapy is not a therapeutic option.

30-Answer: D.
There are many causes of secondary amenorrhea; hypothalamic and pituitary gland dysfunction is common causes. Other causes include: psychiatric illness, hypo-parathyrodism, stress, ovarian dysfunction, chronic pelvic disorders and drugs such contraceptives.

31-Answer: C.
All the mentioned conditions can be presented with abdominal pain. DUB is a diagnosis of exclusion, PID will not present with vaginal bleeding, abortion can give the same picture mentioned in the question but the pain is usually in the supra-pubic region radiating to the back , ovarian cyst rupture can produce similar pain but no vaginal bleeding. The most likely diagnosis in this patient is ectopic pregnancy (lower abdominal pain and spotted vaginal bleeding).

32-Answer: B.
We should confirm diagnosis by asking for B-hCG. However the most common diagnostic test is pelvic ultrasound which can help in locating the conceptus and to rule in or out the intra-uterine gestational sac. Laparoscopy could be used as diagnostic and therapeutic tool in such case.

33-Answer: D.
All the first three options could be used to manage ectopic pregnancy. Hysterectomy should not be done.

34-Answer: B.
There are many complications occur due to ectopic pregnancy. The most serious one is rupture of ectopic pregnancy that leads to intrabdominal bleeding and shock. Other complications include infertility, chronic abdominal pain and recurrent ectopic pregnancy.

35-Answer: C.

All the mentioned questions are valuable when assess patient with infertility.Sex position has no role as a cause or a risk factor for infertility.

36-Answer: E.
All the signs listed in the question may indicate a cause of infertility such as hypothyroidism, hyperthyroidism and polycystic ovarian syndrome. Visual acuity may be reduced in pituitary adenoma, but it the least and uncommon sign found in such patients.

37--Answer: E.
In couple who suffer from infertility, physician should assess husband for causes and risk factors of this problem ;namely: scrotal trauma , swelling , pain, history of mumps , history of STDs, psychiatric illness, illicit drugs, and sexual history such as morning erection and wet dreams. Breast discharge is rarely associated with male infertility compared with female infertility (galactorrhea).

38-Answer: C.
The initial step after taking history and doing physical examination is to order for seminal analysis for two reasons: At least one third of infertility is secondary to male factors; secondly asking for this investigation is easy and cheap.

39-Answer: C.
There are many methods that could be used to diagnose the occurrence of ovulation such as measurement body temperature during expected period of ovulation(temperature raised by 0.2-0.3C) , monitoring the changes in nature of cervical secretion(thin, clear), measuring serum progesterone is the test which could confirm ovulation. Urine FSH and pH have no role in diagnosing ovulation

40-Answer: C.
PCT is carried out after 12-24 hours of sexual intercourse in order to ensure that there is reaction between sperms and cervical mucous . This test assess to which the sperms are able to move towards cervical mucous . In the case of hostile cervix, the motility of sperms will be poor.

41-Answer: A.
The initial therapy for this patient is prescribing Clomiphine citrate 50 mg for one week after menses , the dose could be increased each cycle till 250 mg reached, If no response , HCG (10.000 IU could be given if there is evidence of follicles by doing trans-vaginal ultrasound .Bromocriptine could be used if anovulation is caused by pituitary adenoma .

42-Answer: C.
This patient missed her menses at 50 years old and then followed by the mentioned symptoms which suggested the diagnosis of menopause. Other listed diagnoses should be considered as differential in such cases.

43-Answer: B
You can tell her that her symptoms occurred due to hormonal disturbance which usually seen in her age. No need for further investigation as the condition could be diagnosed clinically .However , hormonal assay will show high FSH and LH.

44-Answer: B.
There are many therapies to manage symptoms of menopause including behavioral therapy, anti-depressant, anti-convulsant, progesterone, combined estrogen and progestin, and herbal therapy. However, Estrogen is considered one of the best option to treat menopause related symptoms as in this patient.

45-Answer: C.
The best option to treat this lady is to prescribe vaginal cream estrogen which will help to alleviate the vaginal dryness that resulted from vaginal atrophy. This drug could be used for three months.

46-Answer: C.
Use HRT for long time may lead to many serious problems such as breast cancer, cardiovascular events. There is no relationship between colon cancer and use of HRT.

47-Answer: A.
There are several risk factors for osteoporosis. Age is considered the strongest risk factor, other risk factors include: sedentary life styles, low weight, using steroids, anticonvulsant drugs, smoking, poor calcium intake, chronic liver and renal diseases.

48-Answer: C.
DEXA is the definite diagnostic test that will confirm osteoporosis in this lady. The other tests either not recommended or not significant alone to diagnose this condition.

49-Answer: D.
When diagnosing osteoporosis, there are many therapeutic options that could be used together. Those include performing regular exercise, receiving adequate calcium (1200 mg /day), vitamin-D(400-800IU/day) and Bisphosphonates, Raloxifene and calcitonin. Fluoride and vitamin-

A are not advised to be used in management of osteoporosis.

50-Answer: E.
In order to delay the onset of osteoporosis, this young lady should practice regular daily exercise, intake adequate amount of calcium and vit-D, and to avoid smoking. Annual bone X-rays or DEXA are not recommended as screening test for osteoporosis

51-Answer: D.
Before conception we should ensure that lady is fit for getting pregnancy through doing appropriate history and conducting physical examination and giving recommended drugs such as Folic acid to prevent neural tubal defect (NTD) and asking for investigations such as Pap smear, VDRL, hepatitis, toxoplasmosis, and rubella serology. Giving appropriate vaccination (tetanus toxoid and rubella) are also recommended before conception if they were not vaccinated yet.

52-Answer: A.
The first action to be done for any lady present with amenorrhea for more than four weeks is to ask for pregnancy test. In the case of confirmed positive results, you should open antenatal care card, taking comprehensive history , conducting physical examination, asking for CBC , urine analysis , assess her for risk pregnancy, educate her about normal physiological changes in pregnancy,prescribe folic acid . Early ultrasound is recommended in order to confirm diagnosis and determine the actual gestational age. Shared care of pregnant is recommended especially for those at high risk.

53-Answer: A.
At diagnosis of pregnancy, we should inform mother that she is pregnant. It is very difficult to inform pregnant that her embryo/fetus is normal in early pregnancy as many pregnant will develop abortion or fetal anomalies. Nutritional advice is paramount regarding increasing daily calories by 300 calories, taking folic acid, fibers, fluids, and calcium.

54-Answer: B.
Vaginal bleeding during early pregnancy in this patient who found to have intrauterine gestational sac by ultrasound exclude ectopic pregnancy. Missed abortion is unlikely because no vaginal bleeding or uterine pain. Inevitable abortion is manifested with vaginal bleeding and opened cervix.Septic abortion is usually associated with severe abdominal pain, rigidity and high grade fever. This patient is most likely to have threatened abortion as she had this current problem before 20th week of gestation. We should not forget the other causes of vaginal bleeding during pregnancy such as cervical polyps, or vaginal trauma.

55-Answer: C.
For any pregnant lady present even with one drop of blood come from vagina, we should manage her seriously. In this patient who had vaginal bleeding with closed os and stable vital signs we should start her on IVF as severe bleeding may occur any time. We should refer her to hospital immediately for definite diagnosis and further management, Reassurance this patient is very essential to alleviate her stress .Other options in the question either inappropriate or incomplete.

56-Answer: C.
The prevalence of abortion is 20-25%. In those who had threatened abortion, the probability to continue pregnancy or to have complete abortion is 50%.

57-Answer: B.
Antenatal care should be provided for any pregnant lady started at the diagnosis of pregnancy till the beginning of labor pain (intra-natal and continue till six weeks after delivery (postnatal care). At 28 weeks of pregnancy, we should measure blood pressure(to rule out PIH), weight(to monitor fetal growth) , asking for fasting blood sugar (G DM), palpating abdomen for fundal height(fetal growth) asking for abdominal ultrasound in order to detect placenta site and congenital anomalies . It is not recommended at this time to do PV as this examination is painful, may lead to infections unless there indication for such procedure.

58-Answer: E.
This patient had pus cells more than 5/hfp which indicate UTI and needs to be prescribed antibiotics. Repeat BP, UA or asking for urine culture will not add more diagnostic value while asking for urea is not indicated in lower UTI such as this patient Asking for 24 hour urinary protein is not indicated as presence of small protein in urine of patient with UTI is common finding that did not need further investigations.

59-Answer: A.
This patient present now with high blood pressure compared to the last reading(110/70 mmHg), asking for urine analysis as first step is mandatory in order to differentiate between PIH and other cause of hypertension .

60-Answer: B.

During pregnancy we have three types of hypertension; Those who have persistent High Blood Pressure (> 140/90 mmHg) before 20th weeks of gestation(essential HTN) , those who have persistent hypertension without proteinuria after 20th weeks of gestation is known as gestational hypertension (GHTN), those with HTN associated with persistent proteinuria after 20th weeks of gestation (Pregnancy induced hypertension(pre-eclampsia)(PIH).

61-Answer: D.
The drug of choice for chronic hypertension in pregnancy and gestational hypertension is methyldopa. Diuretics and ACE inhibitors are contraindicated during pregnancy while Labetolol and Hydralazine could be used in the case of PIH.

62-Answer: B
American Diabetes Association recommended that pregnant at high risk for DM should be screened between 24-28 week of gestation by using 50 grams of glucose. Other listed investigation either not appropriate at this time or no indications for them.

63-Answer: D.
As Fatema had normal blood sugar in the beginning of her antenatal care which rule out type -2 DM, and now she has high fasting(>95 mg/dl) and postprandial blood sugar (>140 mg/dl) so, it was confirmed that she had GDM.

64-Answer: D.
Cornerstone of GDM management is diet therapy (30-35 kcal/kg/day. Exercise is also advised .If no control (FBS >100 mg/dl or PPBS >140 mg/dl) start insulin therapy .Home monitoring is recommended and referral for obstetrician should be considered if not control by life style intervention (diet & exercise). Weight reduction during pregnancy is not recommended.

65-Answer: E.
Babies born for mother suffering from GDM may develop many problems including congenital malformations (skeletal, cardiac and gastrointestinal), metabolic disturbance such as hypoglycemia, hypocalcaemia, in addition to abortion, fetal death and macrosomia. The potassium will not be affected in those babies.

66-Answer: D.
In order to know if blood sugar of this patient come back to normal level or continue to be high, we should do fasting blood sugar (FBS) six weeks after delivery. If her blood sugar remains high we should consider her as type-2 DM and should be followed regularly with her doctor.

67-Answer: E.
The results showed that Fatema blood sugar returned to normal values before pregnancy which indicated that she had GDM. Fatma is at high risk to develop type-2 DM, as a result we should advise her to eat well balanced diet, to perform regular exercise and to check her fasting blood sugar annually.

68-Answer: D.
This pregnant lady in labor and she needs to be referred immediately to the nearest obstetric hospital for delivery.

69-Answer: C
This pain is true labor pain as this it started after 37th week of pregnancy, located in the lower part of abdomen, radiating to the back, associated with contracting uterus and dilated cervix.

70-Answer: A.
Most of multi-para deliver within 12 hours (the first stage takes about 7.5 hours, the second stage takes 15-45 minutes and the third stage takes less than 30 minutes) .In primipara(the first stage takes up to 12 hours, second stage takes up to 2 hours and the third stage takes about one hour) .

71-Answer: D.
There are many complications that may occur for this lady. However, PPB is one of the most common complications of delivery (4-5%).The risk factors in this lady include: multiparity, prolonged labor and high birth weight baby.

72-Answer: C.
Post delivery care and advices should include: immediate infant breast feeding as fast as possible, prescribing iron and folic acid tablets, regular walking to minimize the occurrence of DVT, drink more fluid including fresh juices and milk. Calling or attending the nearest health center if she develop fever after 24 hours (temperature> 38C). Post delivery abdominal pain may take about ten days till pain disappears completely. Serious abdominal pain will be continuous, severe, associated with fever or offensive vaginal discharge or heavy bleeding.

73-Answer: A.
Mother should visit her family doctor 4-6 weeks after delivery for postnatal care which include asking about any concern or complaint in addition to ensure that mother feeds her baby well and her hemoglobin is normal. There is no need to ask for blood glucose unless she had

GDM; also pregnancy test and urine analysis are unnecessarily to be done at this time unless indicated.

74-Answer: D.
During postnatal visits, mother should be enquired about important issues related to her and her baby. They include type of feeding (breast Vs artificial), performing regular exercise, practicing sex, taking iron and folic acid, baby vaccination, personal hygiene, and breast care. Although fluid intake is important, it is the least likely to be asked about during postnatal visits.

75-Answer: D.
Excessive nausea and vomiting in the first trimester of pregnancy is caused by many reasons such as those listed in the question. However, Hyperemsis gravidarum remains the most common cause. In this patient, the uterine size is larger than expected according to patient but the real gestational age should confirmed by using USS.

76-Answer: C.
Management of any pregnant lady presents with nausea and vomiting during early pregnancy should include asking for abdomen USS in order to confirm the pregnancy, to determine the gestational age, to rule out multiple pregnancy and hydatiform mole. This patient could be managed for her symptoms by using Vit-B6, intake small meals frequently and discontinue iron tablets if she use them. This patient did not need admission as she had no signs of dehydration.

77-Answer: D.
Now, Lila is pregnant in her 28 weeks who presented with lower abdominal pain and vaginal bleeding that suggested ante-partum hemorrhage (APH). There are many risk factors for APH that we should ask about them. Those include trauma, multiple pregnancy, chronic hypertension, cocaine and smoking, previous APH, older age, PIH, previous cesarean section, multiparity, and uterine fibroids.

78-Answer: C.
In those pregnant who presented with APH we should assess them completely and to be ready for any emergency operational intervention .We should estimate the gestational age, the site and the cause of bleeding , to assess for anemia and coagulation problems in addition to prepare blood by asking for cross matching . Asking for B-hCG has no diagnostic or prognostic role in patients with APH.

79-Answer: D.
This lady in her 28th week of pregnancy with mild grade of abruption placenta with normal fetus and normal vital signs .in such situation it is preferred to be managed as following; admission to hospital, giving tocolytics, giving IVF, monitoring (signs, vaginal bleeding and fetal wellbeing) .Delivery by cesarean section is not currently good option as the fetus is still less than 34th week (pre-maturity).

80-Answer: D.
Mother may develop any complication which listed in the question, however the most serious one is disseminated intravascular coagulopathy which may lead to mother death unless managed appropriately.

81-Answer: D.
Although the accuracy of USS in diagnosis APH is not that high particularly in APH that caused by abruption placenta which may miss as 50% of cases. However it remains the diagnostic procedure that commonly used to diagnose most of APH. P/V examination should be avoided in APH as it may lead to severe bleeding in placenta pravia . Color of vaginal bleeding can help us initially to differentiate between the two common causes of APH.

82-Answer: D.
Termination of pregnancy in those ladies suffering from APH should consider all the mentioned factors (gestational age, severity of vaginal bleeding, stability of patient, general condition of the patient and the other co-morbidities). Mode of delivery in the past pregnancies has no important role to determine whether or not to deliver such lady.

83-Answer: D.
This lady presented with symptoms and signs of premature labor which should be managed under the care of obstetrician. The attending physician should reassure her, explain the situation and refer her to maternity hospital for further care.

84-Answer: D.
This patient had premature rupture of membranes (PROM) which need to be undergone ultrasound to estimate how fluid lost, fetal wellbeing. CTG should be done to evaluate the fetal uterine reaction, frequent PV examination should be avoided to prevent infection and cervical swab should be requested to rule out infection.

85-Answer: E.

The most common diagnosis that should be considered in such situation is the infection of the amniotic membranes (Chorioamnioitis.)

86-Answer: B.
As the gestational age is 34 weeks, it preferred to induce labor in order to minimize the fetal and mother infections . Starting broad spectrum antibiotics such as amoxicillin and erythromycin is recommended also.

87-Answer: E.
During pregnancy the incidence of constipation increases as a result of reduced gut motility, water resorption and effect of uterus on gut (obstructive effects) in addition to some other factors such as reduce fluid intake, intake more fat and less fiber. Taking Iron tablets is another known cause of constipation during pregnancy.

88-Answer: D. (see the previous answer)

89-Answer: B.
During all antenatal care visits, pregnant should be evaluated for any complaint, concern, blood pressure, body weight .Urine analysis by dipsticks should be done. Hemoglobin should be done at first ANC visit while GTT should be done between 24-28 gestational ages if glucose challenge test was positive.

90- Answer: C.
As expected date of delivery for pregnant depend on last menstrual period (LMP), which may be counted inaccurately or calculated based on irregular cycles, it is considered the most common cause of postdated pregnancy. Early pregnancy diagnosis by USS will help to determine the gestational age. IUGR will be manifested as uterus size is smaller than expected while fetal abnormality may cause either large or smaller uterus size.

91- Answer: D.
After reviewing the patient file and taking history it is logic to conduct general and obstetric examination and act accordingly.

92-Answer: D.
Management of post-term pregnancy should include abdominal ultrasound to ensure gestational age and fetal maturity and the amniotic fluid level, CTG to ensure uterine and fetus activity. After confirmation of post-term pregnancy the patient would be admitted for labor induction. Mode of delivery depend on many factors so that LSCS is a premature decision that not yet approved to be indicated in this lady.

93-Answer: D.
Features of post-mature birth manifested after 42 weeks of pregnancy. Long standing in the uterus beyond 40 weeks will lead to many problems to baby such as low weight, long and thin girth, long nails, skin desquamation .Micro-cephaly and macro-cephaly are not features of pos-mature unless there are associated syndromes.

94-Answer: D.
Postdated pregnancy(after 40 weeks) should be induced unless contraindicated in order to minimize the fetal and maternal risk factors such as dystocia, fetal death, postpartum bleeding, puerperal infection, asphyxia, aspiration, perinatal death. Induction of labor is contraindication in complete placenta pravia, transverse fetal lie, umbilical cord prolapse, vasa pravia, and previous trans-fundal uterine surgery.

95- Answer: C
In those ladies who developed post partum hemorrhage (PPH), we should measure vital signs (BP, Pulse), start IVF, and ask for CBC, ABO, and Blood for cross matching, uterine compression may be helpful as most of PPH is caused by uterine atony. Giving IV or IM Oxytocin by house-officer may be unsafe and should be given under the supervision of resident on call.

96-Answer: D.
The common causes of PPH are: uterine atony (70%), uterine, cervical trauma (20%), retained placenta (10%) and co-agulopathy (1%)

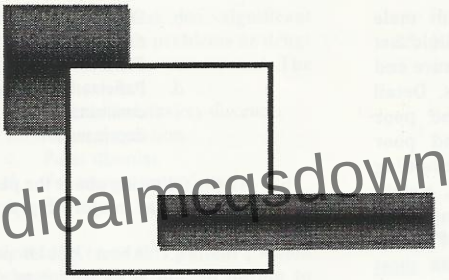
97-Answer: A
It is estimated that PPH (> 500 mls) affects about 18% of delivery, 3% will develop severe PPH (>1000 ml). Risk factors for PPH include: prolonged labor mainly third stage, multiple delivery, episiotomy, fetal macrosomia, and past history of PPH.

98-Answer: D.
This patient had puerperal fever .The most likely diagnosis is endometritis .Vaginitis does not associated with fever, peylonephritis is associated with loin pain and dysuria, pelvic abscess has deep pelvic pain, salpingitis is usually not associated with fever.

99-Answer: E.
Any patient present with fever (temp>38C of two consecutive days after the first 24 hours is considered to have puerperal fever which needs investigations to find out the underlying causes. Investigations include CBC (leukocytosis), blood culture, urine cultures, and high vaginal swab.

There was no need for coagulation profile in this patient as there was no justified indication.

100-Answer: B.
Standard management in such patients should cover aerobic and anaerobic organisms .Initially the patient could be started on gentamycin and clindamycin IV and then shifted to oral agents. Other regimens could include second or third generation cephalosporin and semi synthetic penicillins (cefoxitin, ampicillin/sulbactam, piperacillin). Metronidazole is not used in management of this condition.



Chapter Eight

Psychiatry

1. **Hassan is a 30 years old Saudi male businessman who presented to clinic last night complaining of lack of pleasure and fatigue for the last three weeks. Detail history showed that Hassan had poor appetite, sleep disturbance, and poor concentration in his daily accounting activities , no history of (fever, weight changes, or chronic illness or drug use) . Past history was unremarkable. Physical examination was normal. Hassan most likely to have:**
   a. Major depression.
   b. Chronic fatigue syndrome.
   c. Bipolar disorder.
   d. Dysthymia .
   e. Hypothyroidism.

2. **Initial management of Hassan could include all the following except:**
   a. Cognitive behavioral psychotherapy.(CBT)
   b. Electro-convulsive Therapy(ECT)
   c. Tricyclic antidepressants.
   d. Exercise .
   e. Selective Serotonin Reuptake Inhibitors(SSRI).

3. **Hassan attended regularly,after four months he attended for appointment , he told you that he was almost Okay. He asked you about the possibility of relapse , your response would be:**
   a. After one year he has a chance of 33% to be free of the disease.
   b. After one year he has a chance of 33% to have the diseases again.
   c. After one year he has a chance of 33% not to cure from this disease.
   d. All above.

4. **All the following are essential to protect depressed patient from suicidal attempts But:**
   a. Close observation.
   b. Admission to hospital.
   c. Active family involvement.
   d. Educating the patient about the serious signs and symptoms of suicides.
   e. Assess the patient about the suicidal ideation.

5. **Indication for ECT in managing major depression include all the following except:**
   a. Failure of pharmacological therapies .
   b. Depressant patients with high risk of immediate suicides.
   c. Failure of CBT.
   d. Patients known to have absolute contraindication for anti-depressants.

6. **All the following about the pharmacological treatment of major depression are true except:**
   a. About 75% of patients respond to antidepressant drugs.
   b. SSRI is the best group of therapy for major depression.
   c. Anti-depressants need 4-6 weeks to show its full effects.
   d. Anti-depressants have comparable efficacy.
   e. Anti-depressants should be continued at least for three months.

7. **You decided to prescribe SSRI for Hassan , which one of the following side effects is unlikely to affect him ?**
   a. Nervousness .
   b. Insomnia.
   c. Headache.
   d. Urinary retention.
   e. Nausea.

8. **Hassan received his medication, one week later he came back saying that he did not get well as he expected, your response to this concern would be:**
   a. Change the current medication .
   b. Increase dose of medication.
   c. Continue the drug and to see him after one week.
   d. Tell him that such drug needs 2-4 weeks to start its effect.

9. **Two weeks later, Hassan called you by phone and said that he became better than before and he wanted you to tell him for how long he should use this medication.Your response would be:**
   a. Use it at least for six months.
   b. Use it at least for one year.
   c. Use it at least for eighteen months.
   d. Use it at least for three years.
   e. Use it at least for three months.

10. **Khalid is a 37 years old Saudi driver who exposed to road traffic accident one year ago. Detail history showed that three passenger died during that RTA including two of his family , he attended to your clinic yesterday stating that he had recurrent nightmares, difficult to sleep well, poor**

concentration.There was no significant history of chronic health problems or drugs use. Physical examination was normal. The most likely diagnosis is:

a. Generalized anxiety disorder.
b. Major depression.
c. Panic disorder.
d. Pos trauma stress disorder.
e. Phobia.

11. If you decide to treat this patient , which one of the following is not an option to use?

a. Paroxetine.
b. Sertraline.
c. Benzodiazepine.
d. Nefazodone.
e. Fluxitine.

12. Osama is a 34 years old Saudi male teacher of science, he was brought by his brother to your clinic stating that Osama did not go to his school for the last ten days. He mentioned that Osama did not sleep for the last four nights, and became irritable and angry for the last three days , he started to pray hourly , he mentioned that Osama became suspicious for the last two months .His brother mentioned that he discovered equation which is accurate than any other equation to measure the distance between moon and sun. No past history of any problems including drugs. Physical examination showed that Osama was agitated, elevated mood, talkative and angry , BP= 130/90mmHg, P=93 BPM, RR=20BPM, rest of examination was normal. The most likely diagnosis is:

a. Hypomania.
b. Generalized anxiety disorder.
c. Cyclothemia.
d. Acute mania.
e. Bipolar disorder.

13. The next step in managing Osama would be:

a. Starting Diazepam IV.
b. Starting Haloperidol.
c. Starting ECT.
d. Referring psychiatric hospital immediately for admission.
e. Starting Lithium carbonate.

14. Long term management of Osama could include all the following But:

a. Lithium carbonate.
b. Carbamazipine.
c. Gabapentin.
d. Lorazepam.

15. Pathophysiology of Osama's problem include/s:

a. High nor epinephrine.
b. Low dopamine.
c. High dopamine.
d. High serotonin.
e. a & c.

16. Noorah is a 31 years old Saudi housewife presented to your clinic complaining of palpitation, dizziness, fatigue and difficult breathing for the last seven months , she told you that she was worry about her husband when he is outside and she called school every other day to ask about her children performance .Past history was insignificant , did not take any medication, she went one month ago to a traditional healer who gave her some water and oil to use it twice daily but no improvement. Physical examination revealed the following findings:Temp=36.5C, BP=130/90 mmHg, Pulse=102BPM, she looked tense with warm and sweating hands, Neck, CVS, Lungs, abdomen , CNS were all normal. Noorah most likely to have:

a. Mania.
b. Throtoxicosis.
c. Major depression.
d. Generalized Anxiety Disorder.
e. Hypochondorosis.

17. Which one of the following substances is less likely to produce the above mentioned condition:

a. Cocaine.
b. Caffeine.
c. Alcohol.
d. Nicotine.
e. Amphetamine.

18. Non-Pharmacological therapy that could be used effectively for management of Noorah's condition include all the following except:

a. Cognitive behavioral therapy.
b. Relaxation.
c. Systemic desensitization.
d. Biofeedback.
e. Psychoanalytic psychotherapy.

19. Pharmacological management of Noorah could include all the following drugs But:

a. Lorazepam .
b. Halopiridol.
c. Venlafaxine.
d. Paroxetine.
e. Buspirone.

20. **Othman is 50 years old Saudi Manager of Bank came to your clinic telling you that he wanted to do MRI for brain, X-rays for chest , endoscopy and blood chemistry .You told him that he may not need to do most of these investigations , he responded that he is afraid to have cancer and he want to be sure that he did not have any tumor. When you asked him about past history , he mentioned that he did many investigations during the last three years and all results were normal. Othman is most likely to have:**
    a. Conversion disorder.
    b. Obsessive compulsive disorder.
    c. Hypochondriasis.
    d. Factious disorder.
    e. Somatoform disorder.

21. **Management of Othman should include all the following except:**
    a. Reassurance.
    b. Prescribing anxyolitics.
    c. Regular follow up.
    d. Stress treatment.
    e. Referral to psychiatrist.

22. **Saud is a 21 years old Saudi female student brought to ER by her mother by wheelchair complaining of numbness in her hand, legs, inability to walk for the last four hours, no other complaints . There was no past history of similar attacks,insignificant past medical history. She married three years ago but he did not get pregnancy yet.Her husband is manager who travels frequently. Physical examination revealed that she looked well,muscles power,tone, sensation and reflexes were normal. The most likely diagnosis is:**
    a. Poliomyelitis.
    b. Somatoform disorder.
    c. Conversion disorder.
    d. Multiple sclerosis.

23. **The cornerstone management of this patient would be:**
    a. Referral to neurologist for further evaluation.
    b. Detail exploration and detection of the underlying family and social stressors and treating them accordingly.
    c. Admission to hospital for further investigation.
    d. Prescribe Vitamin-B complex injection & give her appointment within 24 hours.

24. **The most likely underlying cause of Saud's condition is:**
    a. Virus infection.
    b. Autoimmune disorder.
    c. Poor academic performance.
    d. Poor economic status.
    e. Spouse abuse.

25. **Hanan is a 27 years old Saudi nurse came to your clinic telling you that she suffered from recurrent attacks of dyspnea, sweating, chest discomfort, fast heart beats, and fearing from going crazy for the last three months. Those attacks occurred while she was at home or at work. She did many investigations(ECG, CX rays, Echo, CBC, Blood chemistry) which were found to be within normal limits. Those physicians who saw her advised her to go to psychiatrists but she did not want to be referred to them. Physical exam revealed that she looked well, vital signs, comprehensive physical exam were normal.The most likely diagnosis is:**
    a. Social phobia.
    b. Agoraphobia.
    c. Panic disorder.
    d. Generalized Anxiety Disorder.
    e. Conversion disorder.

26. **One of the following statements about the above mentioned condition is false:**
    a. The prevalence of this problem in the community is about 1.5%.
    b. Males are affected by this problem more than females.
    c. The risk of this problem to affect her sister or brother is about 15%
    d. SSRIs are effective in management of this condition.
    e. Propranolol is not effective in treating this condition.

27. **Saad is a 20 years old Saudi male student of health sciences college(radiology), came to you saying that since three months he think that X-rays is very serious and afraid to be damaged by X-rays. Detail history revealed that he washed his hands at least four times daily , he warned his colleagues daily from the danger of X-rays,he told you that he decided to leave the college and asked to transfer to teacher college in order to get red of expose to radiation.Physical examination was normal. Saad most likely to have:**
    a. Conversion disorder.
    b. Obsessive compulsive disorder
    c. Somatoform disorder
    d. Schizophrenia

28. Management of Saad should include all the following interventions But:

a. Exploring and reassurance.
b. Exposure and desensitization.
c. Transferring to teacher college.
d. Prescribing Citalopram .

29. Fuad is a 29 years old Saudi teacher , he was brought by his older brother to your clinic yesterday. His brother told you that Fuad became difficult person . Detail exploration of this complaint showed that Fuad stayed at home alone for long times, did not go to his school for the last three weeks, he mentioned that Fuad told him that he heard some body asked him to go to Africa to teach holy Quran.You asked Fuad but he did not respond. Detail history from brother revealed that Fuad was single, live alone and did not have any past medical or social problems and no significant drug history.All those observations were progressively noticed during the last six months.Physical examination of Fuad revealed the following findings: He looked depressed, moved slowly,did not talk. BP=130/70mmHg,Pulse=80BPM,Temp= 36.9C,RR=18BPM.Physical examination of all system was within normal limit. The most likely diagnosis is:

a. Major depression.
b. Psychosis.
c. Hypothyroidism.
d. Schizophrenia.
e. Schizoaffective disorder.

30. Next step in managing Fuad would be:

a. Asking for Thyroid function test ,CBC, liver function tests and electrolytes.
b. Arranging with psychiatrist for urgent referral .
c. Referring to psychologist for personality tests.
d. Prescribing Anti-depressant and giving appointment after four weeks.
e. Prescribing Diazepam & give appointment with psychiatrist.

31. The house officer asked you about this problem, your response could include all the following statements But:

a. The incidence of this problem is about 1-2%.
b. Occurrence of this problem among those above 45 years is common.
c. The main features of this problem include hallucination, delusions and bizarre behaviors.
d. The underlying pathology of this problem is not definitely known.
e. Most of cases will not cure and show chronic nature.

32. Long term management of the above patient should include call the following except:

a. Social support.
b. Occupational rehabilitation.
c. Use of anti-psychotics.
d. Stress management.
e. Frequent hospitalization.

33. All the following conditions are known to be associated with alcohol abuse But:

a. Hepatitis.
b. Pancreatitis.
c. Hypertension.
d. Encephalopathy.
e. Peylonephritis.

34. Hassan is one of your patient who attended to consult you about his alcohol dependence , your short term management of this patient include/s:

a. Prevention and treating serious complications.
b. Relive the subjective symptoms.
c. Refer him to psychiatrist.
d. Involve his family to support him.
e. All above.

35. Diagnostic lab test for alcoholic dependence is:

a. CBC.
b. AST
c. ALT.
d. GGT.
e. None above.

36. Which one of the following statements about screening for alcoholism is false?

a. There are four screening tests for alcoholism.
b. CAGE questionnaire is the most common screening test for alcoholism.
c. MAST screening test questionnaire consists of 25 items.
d. Brief MAST screening test consists of ten items.

37. Hamdan is 34 years old Saudi male manager presented to your clinic complaining of sleep disturbance for the

last four months which became severe during the last few days(he did not sleep for the last 48 hours). The least important question to be asked to Hamdan is:

a. Substance abuse.
b. Palpitation.
c. Poor concentration.
d. Smoking.
e. Marital status.

38. Detail history revealed that he was single, smoker for the last 15 years, use Marijuana,occasionally Methamphetamine. Clinical examination was normal except tachycardia(105 BPM, and was looked anxious. Next step to manage this patient would be:

a. Reassure him that he will improve within few days.
b. Tell him that this problem is due to drug abuse and should stop this behavior and give him appointment.
c. Arrange for urgent referral with psychiatrist .
d. Start him on anti-depressant and give appointment within two weeks.

39. Which of the following could occur in 23 years old pregnant lady who uses Methamphetamine:

a. Intrauterine fetal retardation.
b. HIV transmission.
c. Premature birth.
d. All above.
e. None above

40. Long term use of Methamphetamine could cause all the following psychiatric conditions <u>except</u>:

a. Dysphoria.
b. Paranoia .
c. Anhedonia.
d. Social phobia.

Answers

1-Answer:A.
This patient had depressed mood with most of depression criteria for more than two weeks which are necessary to diagnose major depression (five symptoms for at least two weeks).The symptoms should cause significant clinical impairment or distress in daily functions as in this patient . Chronic fatigue syndrome is unlikely because of the nature of the symptoms and short duration(we need at least six months of persistent fatigue) in addition to other symptoms (lack of concentration, sore throat, muscular pain, headache, joints pain, post exertion malaise).Bipolar disorders is diagnosed when there is one or more episodes of mania and depression. Dysthymia is unlikely diagnosis because such diagnosis labeled in the case of chronic depressed mood for years but not for few weeks as in our patient. Hypothyrodism is unlikely in this patient as he is young and no features of such problem in the scenario.

2-Answer: B.
This patient can be managed as outpatient case .We should explore any underlying risk factor or condition. Combined therapies are recommended and include behavioral therapy, exercise. SSRIs are the best first choice of management in this patient.ECT is not indicated as initial management in this case.ECT is indicated if pharmacological therapies failed to solve the problem, were contraindicated or the patient has immediate risk of suicide.

3-Answer: D.
About 50% of depressed patients will have another attack in the first year. The recurrent rate increased if there is family history of depression and history of past attacks. Rule of one third indicate that after one year 33% will cure, 33% will have recurrent attacks and the rest one third will continue to have the depressive symptoms.

4-Answer:D.
Suicidal attempts indicate severe depression which needs good assessment by physicians, admission of patient to hospital, close observation and active involvement of family in medical care after discharge . Education the depressive patients about suicidal attempts is not practical way to prevent such event from occurrence.

5-Answer: C.
ECT is not the first option of management in patients suffering from depression unless the patient is at high risk to suicide , the pharmacological therapies fail to control depression or if anti-depressant drugs are absolutely contraindicated .CBT is not effective alone to manage depression as a result its failure dose not indicate use of ECT.

6-Answer: E.
Different types of anti-depressants are effective in about 70% of cases with comparable efficacy . Some individuals will respond to drug but others will not respond . antidepressant drugs need at least four weeks to show their clinical effects. If they did not show such effect they should be changed to another pharmacological group. SSRI is considered as the first and the best option for management major depression as they have the least side effects compared to the other groups.

7-Answer: D.
SSRIs show less side effects compared to TCA or MAOIs . Those side effects include: nausea, anorexia, insomnia, sedation, sweating, tremor, headache, sexual dysfunction and nervousness. Urinary retention is a side effect of TCA.

8-Answer: D.
Before prescribing medications for depressive patient we hould educate him regarding the side effects and the expected period that will be taken to show symptomatic improvement . We should not change the medication unless there is evidence of no response or severe side effects that could not be tolerated by patient. Regular follow up is necessary in order to assess response to drugs,ask about side effects and compliance.

9-Answer: A.
Patients who suffer from major depression are at high risk of relapse. In order to reduce the relapse rate, it is necessary to continue anti-depressant for at least six months.

10-Answer: D.
This patient suffer from PTSD which resulted from exposure to RTA and death of some people in that accident. There was no symptoms of panic disorders such as palpitation, fear of dying, chest pain, chocking which could exclude such condition.Major depression is unlikely even poor concentration and sleep difficulty are main symptoms of depression but there is real causes for these complaints. Symptoms of phobia such as intense fear of specific things or associated

symptoms such as palpitation or shortness of breathe are not there.

11-Answer:C
In patients who developed PTSD, they should be managed by cognitive behavioral and psychodynamic therapy. SSRI and TCA and mood stabilizers could be used effectively in management such problem.Benzodiazepenes should not be used for longer time to avoided substance dependence.

12-Answer: D
This patient suffers from acute mania as he had persistent elevated expansive and irritable mood and sleep disturbance, grandiosity, in addition to social dysfunction as evidenced by absence from his work for more than one week. Bipolar is unlikely as most of the manifestations are going with mania and without any previous attack of depression. Cyclothemia is unlikely as it is manifested by long duration (> 2 years and less severity of maniac and depressive symptoms). GAD is less likely due to duration which is less than six months in addition to most of symptoms go with acute mania rather than GAD.

13-Answer: D
This patient in agitated status and needs immediate referral and admission to hospital for further care.

14-Answer: D.
Long term management of this patient include mood stabilizer such as lithium carbonate as the first drug of choice followed by either valproic acid or carbamazebine.Gabapentin could be used as third choice if no response for the previous medications. Benzodiazepines could be used for acute management , however they are not recommended for long term use in patients with mania.

15-Answer: E.
Theoretically ,the level of dopamine and nor adrenaline are high in patient with mania as mania symptoms occur after administration of dopamine and noradrenaline agonists.

16-Answer: D.
Noorah suffers from excessive worry (GAD) which is manifested in her with many classical symptoms and signs for more than six months. Mania is unlikely as there is no elevation of mood, depression is unlikely as there is no low mood , thyrotoxicosis should be excluded as the underlying cause but its diagnosis needs to be confirmed by asking for thyroid function test(T3, T4 and TSH). Hypochondrosis is less likely as she did not worry that she had serious underlying pathology, came for the first time without frequent visits to physicians and no investigations were done for her since beginning of her problem.

17-Answer: D.
There are many substances that could cause anxiety related symptoms ; they include cocaine, caffeine, alcohol, amphetamine, and appetite suppressants.

18-Answer: E.
Many non-pharmacological therapies can help to alleviate anxiety symptoms and recommended to be combined with pharmacological agents in order to give good outcomes. These interventions include: CBT, relaxation , biofeedback, and systemic desensitization .There is no role for psychoanalytic psychotherapy . CBT is considered the best non-pharmacological therapies among all the mentioned options in management of GAD.

19-Answer: B.
GAD in this patient could be managed by either using SSRI(Venlafaxine and Paroxetine) as the first line of management or Buspirone . Benzodiazipine such as Lorazepam could be used in management of chronic GAD. Halopiridol is not recommended in GAD .

20-Answer: C.
Othman is most likely to have hypochondriasis due to he was afraid to have serious health problems which made him to do so many investigations . Conversion disorder is unlikely as there was no sensory or motor compliant . Obsessive compulsive disorder patients attend with frequent irrational action due to frequent idea that push them to perform such activities(wash himself three times daily as he think that he still unclean). Somatoform disorder is unlikely as the patients with this problem suffer from so many physical symptoms affecting almost all body systems.

21-Answer: B.
This patient needs reassurance, close follow up , stress management and coordination with psychiatrist for psychotherapy. Although , anxiety disorders are common in such type of patient, anxyolitics should be prescribed by psychiatrist.

22-Answer: C
The fast sensory and motor deficit in this young girl suggest the diagnosis of conversion disorder particularly in absence of physical findings

which suggest organic cause such as multiple sclerosis. Somatoform disorders present with multiple system complaints while poliomyelitis is unlikely in absence of positive physical findings.

23-Answer: B.
It is vital to explore the underlying social, emotional and psychological causes of this events .Absence of neurological deficit is almost exclude neurological cause , as a result no need for referral to neurologist. Admission is not indicated as she was very well. Prescribing vitamins will not improve her, so it would not be prescribed.

24-Answer: E
In this young female patient whose physical examination was normal, we should find out the most likely cause which could be disturbance in her family or spouse abuse. She manifested her internal feeling physically to recive more care and attention from her family and health care providers. Failure in school or poor academic performance could be another underlying cause if she studies in high school or university.

25-Answer: C.
This patient was suffering from panic disorder which was manifested with recurrent attacks of multiple systemic symptoms that were intense and made her afraid of serious problems which let her to do many investigations .Social phobia is unlikely as the symptoms occur in special social circumstances such as fear of speaking in social events, or sharing in some social activities. Although ,panic disorders could be similar to GAD , however we need to have at least six month anxiety related symptoms to diagnose this disorder.Agoraphobia is fear of crowdness in which the escape is difficult.

26-Answer: B.
Panic disorders can affect about 1% of population, females are more affected than males(2.5-4 folds), any close relative has probability of 15% to get this problem. Management of these include: cognitive behavioral therapy, relaxation, and biofeedback, and SSRIs . Beta blockers are not effective in managing this disorder.

27–Answer: B.
Saad is most likely to have OCD which is manifested with recurrent thought (afraid to be damaged by radiation which associated with compulsory behaviors)(frequent cleaning).Conversion disorder and somatoform are unlikely in this patient(see clinical manifestation in previous questions).Criteria for diagnosing schizophrenia are not fulfilled in this patient.,

28-Answer: C.
Management of patients with OCD is not easy . it includes:exposure&sensitization,reassurance. SSRIs such as Citalopram could be used effectively in treating this patient .

29-Answer: D.
Fuad suffered from schizophrenia , he had auditory hallucination , social and occupational dysfunction , lack of motivation for more than one month.

30-Answer: B.
This patient should be referred urgently to psychiatric hospital for admission and comprehensive psychiatric care. Other options are used to manage the other mentioned diagnosises.Inpatient management include reassurance, antipsychotic agents, and psychosocial support of the patient and his family.

31-Answer: B.
Schizophrenia affects about 2% of population .It affects young people.Basic diagnostic criteria include:hallucination,delusion, bizarre behaviors ,social and occupational impairment.Risk factors for this disorder include:genetic and environmental factor.However,the real underlying cause is unknown yet.

32-Answer: E.
Long term management aims to reduce hospitalization, introduce rehabilitation program regarding occupational and social activities in addition to continuous use of antipsychotic drugs. Stress management should be emphasized also.

33-Answer: E.
Alcohol abuse / dependence is associated with several systemic disorders such as encephalopathy, cardiomyopathy, hypertension, hepatitis, liver cirrhosis, gastritis, pancreatitis esophageal varices, and peripheral neuropathy. Kidney diseases such as peylonephritis is unknown to be caused by alcohol abuse.

34-Answer: E.
Short term management of alcohol dependent patients should involve family support in order to help him socially, relive the toxic and withdrawal symptoms, involve psychiatrist and social worker, in addition to treating the serious complications associated with this problem.

35-Answer: E.

There is no definite laboratory test that diagnose alcohol dependence however, we can ask for CBC which usually shows high MCV, Liver enzymes which show high ALT , AST and GGT.

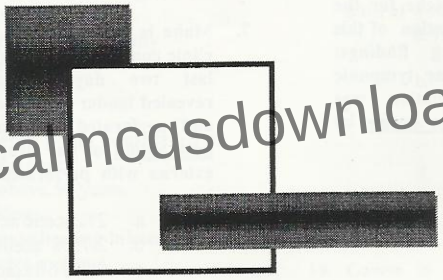
36-Answer: A.
There are three screening test for alcoholism. The most common used is CAGE test which consists of four questions; CAGE stands for the four questions: 1-Have you ever felt the need to Cut : down on your drinking?, 2-Have you ever felt Annoyed by criticism of your drinking? , 3-Have you ever had Guilty feeling about drinking?,4-Have you ever taken a morning Eye-opener?. Michigan alcohol screening test(MAST) is another screening test of 25 items Its sensitivity is about 95%. The brief or short MAST test consists of ten items.The most practical of these tests.is CAGE test.

37-Answer: E.
In patients with insomnia, we should ask many questions that could help us to find out the underlying causes.We should ask about the symptoms that interfere or interrupt sleeping such as dyspnea, chest pain, adnominal pain, polyuria, palpitation.Insomnia and poor concentration could be manifestations of many psychiatric disorders such as depression, anxiety, mania, schizophrenia or side effect of psychiatric drugs. There is no definite association with pathological sleep disorders and social status marital or economical or educational status.

38-Answer: C.
In patient who found to abuse drugs, it is recommended to refer him to psychiatrist for further management. The options mentioned in the question
are not practical and may lead to deterioration of the patient's condition.

39-Answer: D.
Patients who use Methamphetamine are at high risk to have sexually transmitted diseases(STDs) such as HIV and hepatitis-B and C. Pregnant who uses this drug can affect her fetus (growth and development retardation) and premature birth .

40- Answer: D
Individuals who use Methamphetamine are at high risk to develop many psychiatric symptoms and disorders such as dysphoria, paranoia, anhedonia .Anxiety, social phobias are less likely ito occur n such individuals.



Chapter Nine

Ear , Nose, Throat (ENT) Diseases

1. **Fatema is two years old Saudi female child presented to your clinic with her mother suffering from fever and earache for the last two days. Physical examination of this child showed the following findings: Temp=39C, Congested left ear tympanic membrane, rest of examination was normal.The most affected age group by acute otitis media is:**
   a. 1-2 years.
   b. 1-6 years.
   c. 7-15 years.
   d. 16-45 years.

2. **The least important risk factors that involved in otitis media is:**
   a. Down Syndrome.
   b. Male gender.
   c. Cleft palate .
   d. Artificial feeding.

3. **The drug of choice in treating this child would be:**
   a. Cotrimexazole.
   b. Erythromycin.
   c. Amoxycillin.
   d. Pencillin-V.
   e. Ampicillin.

4. **The most common organism causing otitis media in children is:**
   a. H. influenza.
   b. Streptococcal pneumoniae.
   c. B. Cataralis.
   d. Staphylococci.

5. **Her mother told you that her daughter developed some attacks of otitis media during the last one year, you told her that her daughter might have recurrent otitis media (ROM). She asked what you meant by ROM. Your response would be:**
   a. Two episodes that occur within two months.
   b. Three or more episodes that occurs within four months.
   c. Four or more episodes that occur within six months
   d. B or C.
   e. six or more episodes that occur within one year.

6. **The above mentioned child came back after two weeks, you found that there was ear effusion. Management this condition would be:**
   a. Using antibiotics for further two weeks.
   b. Using antihistamincs for ten days.
   c. Use decongestant for ten days.
   d. Tympanstomy.
   e. None above.

7. **Maha is a 23 years old presented to your clinic complaining of right ear pain for the last two days.Physical examination revealed tender tragus,red right ear canal, and perforated tympanic membrane.The best option of ear drop to manage otitis externa with perforated ear drum would be:**
   a. 2% acetic acid ear drop.
   b. 2.75% acetic acid ear drop.
   c. 0.3% oflaxacin ear drop.
   d. Boric Acid ear drop.
   e. Gentamycin ear drop.

8. **You advised this patient to keep the ear drop at body temperature in order to:**
   a. Be more effective .
   b. To minimize its flow and absorption by middle ear.
   c. To avoid dizziness.
   d. None above.

9. **Ali is 34 years old presented with recurrent sneezing, and rhinorrhea for the last five years , you suspected vasomotor rhinitis. Which one of the following is not criteria of exclusion of vasomotor rhinitis in this patient ?**
   a. Normal IgE.
   b. Negative RAST.
   c. Negative inflammatory cell on nasal cytology.
   d. Absence of perennial symptoms.

10. **You revised his file to see if he used any medication that could cause rhinitis. Which one of the following drugs is not known to cause rhinitis?**
    a. ACE inhibitors.
    b. Methyldopa.
    c. Glibenclamide.
    d. Aspirin.
    e. Beta-Blockers.

11. **While you were in your clinic , you evaluated 33 years old male patient who presented with dizziness. One of the resident was working with you and asked you regarding the most common cause of vertigo , your response would be:**
    a. Benign paraxosmal positional vertigo(BPPV).
    b. Psychological illnesses.
    c. Otitis media.
    d. Meniere's disease
    e. Labyrinthitis or vestibular neuritis .

12. **One of the following is not considered as a symptom of inner ear pathology:**
    a. Painful ear.
    b. Decrease hearing acuity.
    c. dizziness.
    d. Tinnitus.

13. **One of the following is not considered as red flag for painful ear:**
    a. Age above 50 years.
    b. Smoking .
    c. Decrease hearing bilaterally .
    d. Diabetes mellitus.
    e. ESR= 54 mm/hr.

14. **Hatem is a 22 years old Saudi male student presented with right facial pain and nasal discharge for the last four days,you diagnosed him as acute bacterial sinusitis . The drug of choice for treatment Hatem would be:**
    a. Azithromycin for 15 days.
    b. Cotrimexazole for 10 days.
    c. Ceftriaxone for 15 days.
    d. Pencillin-V for 15 days.

15. **Aisha is a 56 years old present with dizziness for the last six hours .In order to know if she complains of vertigo or not you should ask her "which one of the following questions".**
    a. Do you feel nausea?
    b. Do you feel that the room is spinning?
    c. Can you describe this dizziness in your words?
    d. Do you feel that you are unable to stand?

16. **After comprehensive history ,all the following clinical tests should be done immediately for Aisha except:**
    a. Cardiovascular examination.
    b. Hearing tests(Weber & Rinne's tests).
    c. Audiometry.
    d. Dix-Hallpike Maneuver.

17. **During physical examination of Aisha , Dix-Hallpike maneuver was positive, the most likely cause of dizziness was:**
    a. Menier's disease.
    b. Motion sickness..
    c. Otosclerosis.
    d. BPPV.
    e. Vestibular neuritis.

18. **Mariam is a 25 years old Saudi female housewife came to your office and told you that she exposed to right ear trauma . Clinical examination revealed right ear haematoma.The best option to manage this patient would be:**
    a. Paracetamol,Dressing,& follow up within 48 hours.
    b. Oral antibiotics, dressing, and follow up within 48 hours.
    c. Incision, drainage, dressing and antibiotics.
    d. Needle drainage, compressive dressing, an-algesic and follow up within 24 hours.

19. **Gasem is a 44 years old attended your clinic with right face numbness and unability to close his right eye for the last twelve hours, you diagnosed him as Facial palsy(Bell Palsy), he asked you about the option of management that will get the best beneficial , your response would be:**
    a. Oral prednisolne.
    b. Oral Acyclovir.
    c. Artificial tear and eye patch at night.
    d. Vitamine-B6.
    e. None above.

20. **Fawzi is 45 years old Saudi carpenter attended to your clinic complaining of right jaw pain, you told him that he suffered from Temporo-mandibular joint Syndrome (TMJS), he asked you about this condition,you could tell him all the following information except:**
    a. It affects left side more than the right side.
    b. Symptoms include grinding teeth at night.
    c. Signs include tenderness at the affected joint.
    d. Relaxation technique could be used as modality of therapy.

21. **Hamad is a 15 years old Saudi male presented to your clinic suffering from left ear pain ,your diagnosis was otitis externa, which one of the following statements is false about this condition?**
    a. This patient may swim few days ago.
    b. This patient most likely to be immuno-comprmised
    c. Acetic acid ear drop is an option for treatment.
    d. The most likely causative agent is psudomonas .

22. **Ala is a 33 years old Saudi male who attended your clinic with right ear pain.Clinical examination revealed vesicles**

in the ear canal . The most likely diagnosis is:

a. Chicken pox.
b. Malignant otitis externa.
c. Ramsay-Hunt Syndrome.
d. Fungal infection of external ear.

23. All the following nerves innervate the external and middle ear except:

a. Facial nerve.
b. Trigeminal nerve.
c. Glossopharngeal nerve.
d. Vagus nerve.
e. Vestibulocochlear nerve.

24. Suha is 44 years old presented to your clinic complaining of frequent attacks of dizziness, hearing loss and nausea, your diagnosis was Menier's disease ,your options to manage this patient include all the following except:

a. Head and neck exercise
b. Salt restriction.
c. Diuretics.
d. Betahistine.

25. She asked you about this condition , your ccould tell her all the following information but:

a. Most of cases will improve with time.
b. Most of cases show chronic nature and progression of deafness.
c. Most of cases need regular follow up by audiometry.
d. Most of cases show triad of deafness, vertigo and tinnitus.
e. None of above.

26.Hesham is 23 years old, he attended your clinic with ears discomfort. You found that he had bilateral ear wax. You can use all the following to remove the wax in this patient EXCEPT:

a. Ear candling.
b. 2.5% acetic acid ear drop.
c. 10% sodium bicarbonate ear drop.
d. Normal saline ear drop.
e. Olive oil ear drop.

27.Hesham asked you about his condition , you can tell him all the following except:

a. Ear wax protect ear from otitis media.
b. Ear wax is more common in children than adults.
c. Oil and normal saline ear drop can be used to remove ear wax.
d. Removal ear wax could cause otitis externa.

28.The most sensitive and specific method for diagnosis Acute Otitis Media is:

a. Acoustic reflectometry.
b. Pneumatic otoscopy.
c. Portable tympanometry.
d. Professional tympanometry.

29. Tinnitus and vertigo manifest all the following conditions BUT:

a. Acute labyrinthitis.
b. Acoustic neuroma.
c. Acute vestibular neuritis.
d. Menier'sdisease.

30. Asma is 47 years old Saudi manager. She presented to your clinic with dizziness. In order to differentiate between central and peripheral vertigo you can ask the following question BUT:

a. Presence hearing loss.
b. Presence of tinnitus.
c. Nausea.
d. Imbalance.
e. Nystagmus.

Answers

1- Answer: B.
Middle ear infection could occur in any age, however, children are the most affected age group particularly those in the first six year of their life.

2- Answer: B.
There are several risk factors for otitis media; they include: age (6-24 months), pacifier use, cleft palate, Down syndrome, artificial feeding, smoking at home, day care attendance, allergic rhinitis. Being a male is slightly increases the incidence of acute otitis media.

3-Answer: C.
Amoxicillin is the drug of first choice in treatment this child .It is given as 80-90 mg/kg /day divided into two doses per day for ten days. This drug is safe, effective and less expensive.

4-Answer: B
Streptococcal pneumoniae causes 40-50% of bacterial otitis media, H.Influnzae (30-40%), B. catarrhalis(10-15%)while Staphylococcal aureus is rare cause .

5-Answer: D.
Recurrent acute otitis media is defined as three attacks or more within the last four months or four attacks in the previous six months.

6-Answer: E.
Development of ear effusion is common after acute otitis media. As a result ,this child should be followed . Most of children will recover within three months without any medical therapy. There is no role for using antibiotics, anti-histaminic or decongestants in managing ear effusion.Observation is the best option to manage those children.

7-Answer: C.
Oflaxacin ear drop of .03% concentration was found to be the best drug that could be used in management of otitis externa with perforated tympanic membrane. Other remedies could be used in management OE in absence of TM perforation.

8-Answer: C.
Ear drop should be kept at body temperature in order to prevent thermal (caloric)effect on ear which lead to dizziness.

9-Answer: D
Vasomotor rhinitis(idiopathic rhinitis) is a common type of chronic rhinitis which characterized by: nasal obstruction, running nose ,and nasal congestion. Those symptoms are aggravated by certain odors , spicy foods, alcohols and climate changes. Almost all the investigations mentioned in the question are normal.

10-Answer: C.
There are many medications that could cause vasomotor rhinitis. They include:
Aspirin, NSAIDs, ACE inhibitors, Methyldopa, Beta blockers and oral contraceptive pills.

11-Answer: A
Most of patients with dizziness have vertigo(false sensation of motion)(54%) and 93 % of patient attending General practice with vertigo have(benign paroxysmal positional vertigo , acute vestibular neuritis and Meniere's disease).

12-Answer: A.
Due to that inner ear lack pain sensation fibers(supplied by VIII cranial nerve),so that most of inner ear diseases are not manifested with ear pain.Manifestation of inner ear disorders include deafness, tinnitus, vertigo, and ear fullness.

13-Answer: C.
In patients presented with ear pain we should assess them for the worst case scenario by asking about or investigate for the underlying serious diseases.The serious risk factors include:age above 50 years with high ESR >50 m/hr(temporal aretritis), smoker(coronary heart diseases& neck tumors) immuno-comprmised , DM(malignant otitis externa) otorrhea (cholesteatoma). Decrease hearing in both ears is unlikely to a symptom of serious underlying disease.

14-Answer: B.
The first option of choice in management of acute bacterial sinusitis are: Amoxycilin, Cotrimexazole. The second line include Augmentin, Cefuroxime, Azithromycin,Clarithromycin& Fluoroquinolone. Duration of course should be 10 -14 days.

15-Answer: C
Dizziness means many thing for many people , so it is important for physician to know what is the dizziness means for patients. Asking patient to describe his symptom is the appropriate question that you should ask to differentiate between real vertigo, giddiness, and syncope.

16-Answer: C.

Initial evaluation of patients with dizziness should include comprehensive history , measuring blood pressure, pulse,and examination heart, chest, nervous system and ears. Conducting Weber and Rinne's test and Dix-Hallpike maneuver are essential to distinguish between different causes of dizziness. Audiometry could be requisted later if there is any finding supporting such diagnosis (e.g: tinnitus, deafness, past history of otitis media, positive hearing tests).

17- Answer: D.

Positive Dix-Hallpike suggests benign paroxysmal positional vertigo .This test has high positive predictive value(83%) . It is considered as positive if the patient develop vertigo and nystagmus.

18-Answer: D.

Ear trauma that usually injur pinna which result in hematoma should be managed as following: Hematoma should be evacuated either by using needle or incision , a compressive dressing should be used on both sides of ear and then placed to prevent blood re-collection. Analgesia such as Paracetamol or NSAIDs should be used to alleviate pain. Daily follow up is mandatory to examine ear for infection or recurrence of hematoma. Antibiotics could be used in immunocomprmised patients.

19- Answer: C.

Although many physicians use oral steroid, vitamins, Acyclovir for managing patient with facial palsy ; there is controversial about their effectiveness.In the case of inability to close eye; eye patch and using lubricating ointment or artificial tear are recommended to prevent corneal injury.

20- Answer: A.

TMJS affect right and left side equally, manifested with pain on chewing, ear pain, headache. Restricted jaw mobility, tender joint and jaw clicking are known signs of this syndrome. Management include: eat soft food, avoid clenching and grinding the teeth, use moist heat locally, muscle relaxants and NSAIDs.. Chronic TMJS pain could be managed by relaxation and cognitive behavioral therapy.

21- Answer: B.

Otitis externa is an inflammation of external ear including auditory canal. It is common during summer and affects swimmers more than the other individuals. The most common causes are Pseudomonas aeruginosa and staphylococcal aureus. Although immunocmprmised patients are at high risk of otitis externa,most of affected patients are immuno-competent.There are many ear drops that could be used to manage otitis externa; they include acetic acid, polymyxin, and ciprofloxacin ear drops.

22- Answer: C

This patient is most likely to have RHS, which is caused by herpes zoster.it is manifested by ear pain which may precede vesicles rash in the auricle and ear canal. Some patients may develop vertigo, tinnitus, and facial palsy.

23-Answer: E.

The first four nerves innervate external and middle ear while the eight cranial nerve (VIII) is responsible for the inner ear innervation and responsible for keeping balance . The inner ear lack pain sensation fibers.

24- Answer: A.

Management of this patient include salt restriction, avoiding caffeinated drinks. Diuretics and Betahistine could be used .There is no role for Head and neck exercise .

25-Answer: A.

Meniere's diseases is manifested by the triad (vertigo, tinnitus and deafness)in most of patients. It is chronic problem that will not cure. It has relapsing and progressing nature which mandate regular follow up to assess hearing status.

26-Answer: A.

Ear wax as common as 10% in children, 5% in adults , and 35% of elderly. There are many drugs that could be used to remove it from ears; including acetic acid, normal saline, olive oil, hydrogen peroxide, sodium bicarbonate, water and mineral oil. All ceruminolytic have similar effectiveness (evidence-B), ear candling should not be used in treating ear wax(evidence-C).

27-Answer: A.

Ear wax is coon in children than adult , but elderly are affected than children(10%, 5%, and 35% respectively .ear wax can cause ear pain,

hearing loss, dizziness, and chronic cough but not otitis media. Trial to remove it may lead to ear trauma and otitis externa. Ear wax could be removed by normal saline, water, olive or mineral oils.

28-Answer: B.

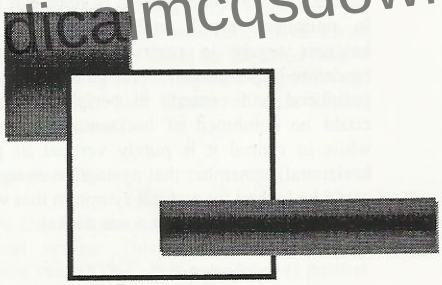
The most sensitive ans specific diagnostic test for AOM is pneumatic otoscopy (sn=94% &sp=81%) followed by acoustic reflectometry(sn=65-97%&sp=85-99%),portable tympanometry (sn=89%&sp=58%)while professional tympanometry has (sn=34-94 & sp=49-94%).

29. Answer:A.

All the mentioned diagnosis are associated with vertigo. However, tinnitus does not manifests acute labyrinthitis .

30. Answer: E.

Vertigo could be caused by central causes (brain, medulla, cerebellum) or peripheral (vestibular nerve and inner ear organs). During evaluation to determine which type is we should ask about deafness(common in peripheral type), nausea and vomiting(present in both and severe in peripheral type), inability to keep body balance(severe in central cause vs mild to moderate in peripheral) .Nystagmus is present in peripheral and central(in peripheral cause it could be combined of horizontal and vertical while in central it is purely vertical or purely horizontal) remember that nystagmus is sign that could be looked for and not symptom that we can ask about(be aware about some tricks).



Chapter Ten

Eye Diseases

1. **While you were in eye clinic Ali attended for check up of his eyes, he mentioned that he heard that there are so many risk factor to develop acute closed angle glaucoma. You could tell him that the following are known risk factor for this condition BUT:**
   a. Hypermetropia.
   b. Male gender.
   c. Old age.
   d. Blacks .

2. **He thanked you and he asked you to educate him about the manifestations of acute closed angle glaucoma, you can tell him all the following information except:**
   a. Abdominal pain..
   b. Headache.
   c. Vomiting.
   d. Restriction eyeball movement.

3. **Ali came after three years with right eye pain, and disturbance of his vision , you diagnosed him as acute closed angle glaucoma , the best option for management Ali's problem would be:**
   a. Surgical iridectomy.
   b. Trabeculectomy.
   c. Laser iridotomy .
   d. Tapping the anterior chamber of the eye.

4. **Hadi is 65 years old presented to your clinic with gradual visual loss for the last six months, he thought that he had cataract, however you found that he had open angle glaucoma, which of the following criteria is/are essential for diagnosis of open angle glaucoma ?**
   a. Optic nerve head cupping.
   b. Visual field loss corresponding to optic nerve cupping.
   c. Elevated IOP.
   d. A& C.
   e. All the above criteria.

5. **You decided to start him on topical beta-blockers to lower his IOP, all the following should be considered before initiation this drug but:**
   a. Broncho-spasm.
   b. Bradycardia.
   c. Congestive heart failure..
   d. Dyslipidemia.

6. **His brother Ahmed was with him , he afraid to have this problem and asked you to tell him about the early typical manifestations of open angle gluacma , you could tell him one of the following :**
   a. Peripheral vision loss.
   b. Blurring of vision.
   c. Photophobia.
   d. None above.

7. **Habeeb is 75 years old Saudi male presented to your clinic with report from eye specialist which revealed that Habeeb had macular degeneration . Habeeb told you that he heard that some vitamins can help him to delay the progression of this problem.Which one of the following substance will not help in prevention of progressing macular degeneration.**
   a. Vit-E.
   b. Vit-C.
   c. Zinc.
   d. Betacarotene.
   e. Vit-B12.

8. **Aziz is a 65 years old known to have Diabetes Mellitus for the last ten years . He found to have background retinopathy .Which one of the following is unlikely to be seen in Background retinopathy :**
   a. Exudate.
   b. Cotton-wool spot.
   c. Vitreous hemorrhage..
   d. Micro-aneurysm .
   e. Dot-blot Hemorrhage.

9. **Two years later he attended for check up , it was found to have proleferative diabetic retinopathy,the most common cause of blindness in such patients is:**
   a. Macular edema.
   b. Vitreous hemorrhage.
   c. Neovascularization.
   d. Cataract.

10. **Fareed is a12 years old Saudi male presented to your clinic suffering from right eye pain after striking by football while playing.The next step to be takrn for this patient would be:**
    a. Patch the affected eye.
    b. Refer him to the ophthalmologist immediately.
    c. Assess him for expected open globe.
    d. Reassure him and follow him within 48 hours.

11. **The patient described above is unlikely to develop:**
    a. Glaucoma.
    b. Cataract.
    c. Corneal blood staining.
    d. Recurrent eye bleeding .

12. **Omer is a 52 years old Saudi carpenter exposed to chemical substances to his left eye while he was washing his cloths. All the**

following are recommended to manage such condition <u>except</u>:

a. Topical steroids.
b. Topical Anesthetic .
c. Irrigation the affected eye by using normal saline.
d. Topical Atropine eye drop.

13. Saud is a 23 years old male came to your clinic complaining of right eye pain after injury by metallic foreign body, you found that he had right corneal abrasion. Management this problem include all the following <u>except</u>:

a. Topical Antibiotics.
b. Topical steroids.
c. Topical atropine eye drop..
d. Topical anesthetic agent .
e. B&D.

14. Khadeja is a 55 years old Saudi female presented to your clinic with gradual visual disturbance,clinical examination revealed bilateral cataract. You asked your House-officer to take comprehensive history to find out the different causes of cataract. He is expeted to ask about all the following causes <u>BUT</u>:

a. Trauma.
b. Diabetes mellitus.
c. Radiation.
d. Calcium Channel Blockers.

15. Khadeja was assessed by her eye specialist who advised her to do cataract extraction. She asked him about the complications that may occur for her,he most likely to mentioned all the following complications of cataract surgery <u>except</u>:

a. Endopthamitis.
b. Retinal detachment.
c. Retinal artery occlusion.
d. Uveitis.
e. Glaucoma.

16. Hassan is a new house-officer who joined last week to Eye Department . He was running eye clinic with the senior resident who asked him about chalazion and stye , Hassan most likely to give all the following statements about this question <u>except</u>:

a. Stye is very rare while chalazion is very common.
b. Chalazion occurs as a result of chronic dysfunction of Meibian gland
c. Both conditions could be managed by massage and compresses .
d. Systemic antibiotics are rarely indicated.
e. Stye is painful while chalazion is painless.

17. Hamid is a 34 years old presented with left eye discharge and pain for three days, he was seen by eye specialist who told him that he had acute dacryocysitis. The <u>best</u> option of treatment that should be given to Hamid would be:

a. Oral steroid for two weeks.
b. Irrigation and probing the drainage system.
c. Local antibiotics.
d. Oral Dicloxacillin.

18. Which one of the following statements about orbital cellulitis is <u>false?</u>

a. All patients should be admitted to hospital for medical care.
b. Single microbe is usually isolated in most of cases.
c. All patients should be managed by systemic antibiotics.
d. CT scan should be done for all cases .

19. Jaber is a 65 years old Saudi male who was seen by eye specialist who diagnosed him as " Central retinal artery occlusion" , initial management of this condition include all the following <u>except</u>:

a. Aspirin.
b. Oxygen.
c. Re-breathing.
d. Occular digital massage.
e. Acetazolamide.

20. Evaluation of this patient include all the following tests/investigations except:

a. CBC.
b. ESR.
c. Echocardiography.
d. CRP.
e. CT scan

21. Ali is four years old who presented to you with bilateral eye itching and watery discharge.You diagnosed him as viral conjunctivitis. Your management of this child would include all the following <u>except</u>:

a. Topical sulphacetamide.
b. Cold Compresses .
c. Artificial tear.
d. Topical anti-histaminics.

22. Ali came to his doctor after one year with his father who mentioned that Ali exposed to foreign body in his left eye today morning . You examined his eyes and found that there was foreign body in his left eye .

Which one of the following foreign body is not necessary to be removed if it was found in his eye?

a. Copper.
b. Iron.
c. Glass.
d. Wood..
e. Aluminum.

23. Hashem is 56 years old Saudi male presented to ER department, he was evaluated by eye specialist who diagnosed him as "Retinal Detachment", which of the following statements is false about this condition?

a. Myopia and aphakia are known risk factors.
b. Surgical intervention is rarely indicated.
c. Poor prognosis is associated with involvement of macula .
d. Retaining good visual acuity depends upon early intervention.

24. Husam is a 45 years old Saudi male who presented to your clinic stating that he noticed that he has some thing in his right eye and he wanted to examined him. You found that Husam had right eye Pterygium , you can tell him that such problem occur as a result of recurrent exposure to:

a. Smoking.
b. Dusts.
c. Allergen.
d. UV light.
e. B & D.

25. Asem is a 60 years old Saudi male butcher presented to your clinic complaining of decrease vision and glare of both eyes at night while driving his car . The most likely diagnosis is:

a. Diabetic retinopathy.
b. Cataract.
c. Glaucoma.
d. Retinal detachment.
e. Degenerative retinopathy.

26.Amani is 4 years old child who was brought to your clinic by her parents stating that Amani's right eye deviating to the nasal side . No other compliant. Physical examination revealed the following findings: Visual acuity: Right eye=20/40 &left eye 20/20. Right eye deviate to nasal side when fixating objects. Which of the following statements about this condition is false?

a. If visual acuity in the right eye become 20/20 by using pinhole test, refractive error is the most likely underlying cause of squint.
b. This child suffers from amblyopia.
c. Management of this child include eye patching and atropine.
d. Recurrent of the condition is high after successful management.
e. This child will develop cataract if not managed early.

27.At four years old, all the following are recommended to test for visual acuity BUT:

a. Cover –Uncover test.
b. Snellen chart test.
c. Gross eye examination(HOTV test).
d. Picture test.
e. Allen figure test.

28. One of the following about eyelid malignancies is FALSE:

a. Squamous cell carcinoma (SCC) is the most common cancer affecting eyelids.
b. The lower lids are more affected than the upper lids.
c. -Older and individuals who exposed to sun light are at high risk to develop such cancers.
d. Nodules which ulcerate is the main clinical picture of eyelid cancer.
e. Management of choice is micrographis surgery.

29.The cornerstone management of blepharitis is:

a. Topical steroid.
b. Topical antibiotics.
c. Eye lid hygiene and warm compresses.
d. Oral antibiotics.

30.Ali 56 years old . He presented to your clinic for eye evaluation . He told you that he did comprehensive eye evaluation three years ago which was normal that time. Your action would be:

a. Reassure him, and tell him to come after one year.
b. Reassure him, and tell him to come after two year.
c. Refer him to eye specialist for comprehensive evaluation.
d. Do eye examination and refer him if you detect abnormality.

Answers

1-Answer: B.
Known risk factors for acute angle closure glaucoma include: age above 50 years, female, positive family history of acute angle closure glaucoma, far sight. Blacks are at high risk than other races to develop this condition. Risk factors for open angle glaucoma include: older age, family history, diabetes mellitus and myopia.

2-Answer: D.
Manifestations of acute glaucoma include : painful and red eyes,headache,nausea,vomiting, abdominal pain, visual disturbance.Restriction of eye movement is not a manifestation of such condition.

3- Answer: C
Medical therapy should be initiated as soon as possible to reduce intra-ocular pressure. Giving 500 mg acetazolamide IV and 4% pilocarpine eye drop to constrict pupil are recommended emergency intervention. Surgical therapy include laser trabeculoplasty which is used in this type of glaucoma in which the drainage angle is open .The pressure lowering effect of this intervention is short which restrict its use among elderly.Laser iridotomy is the preferred procedure which can be carried out without need for opening eye surgically. The tapping of the anterior chamber is not used in this condition.

4- Answer: E.
All the mentioned criteria are essential to diagnose open angle glaucoma. Visual disturbance is late manifestation. IOP increases gradually and slowly , so eye pain is not associated with this problem and visual loss will be gradual in nature.

5-Answer: D
Using Beta blockers to manage patients with chronic open glaucoma could cause many side effects particularly patients suffering from heart failure, bradycardia , cardiac conductive system disorders ,and bronchial asthma. Patients with lipid disorders can use this medication safely without any major side effects.

6-Answer: D.
Open angle glaucoma is silent disease .Initial insidious loss of peripheral vision could manifests this condition . Early diagnosis of this problem is important to prevent blindness .Periodic check up for this condition is recommended by American Academy of Ophthalmology(AAO) starting at 40 years old and then every 2-4 years.

7- Answer: E.
It was found that use high dose of 5-15 times of dietary reference intake of vitamins-C,E, Betacarotene and zinc will reduce the progress of macular degeneration to advance stage. There was no role for vitamins B in prevention of this disorder.

8-Answer: C.
Background diabetic retinopathy consists of dot hemorrhage,hard yellow exudates, micro-aneurysms. Vitreous bleeding is a feature of proliferative diabetic retinopathy.

9-Answer: B.
The most common cause of blindness in patient with proliferative diabetic retinopathy is vitreous hemorrhage.

10- Answer: C
After taking history we should do physical examination that include: inspection, palpation, measuring visual acuity, pupil size, eye movement in all directions, visual field assessment and ophthalmoscopy.

11-Answer: B.
This patient may develop intraocular bleeding, glaucoma , traumatic iritis and lens dislocation . Cataract is unlikely to develop

12- Answer: A.
Acute management of chemical injury of eye include topical anesthesia to relive the pain and to help in carrying out eye irrigation with normal saline(2 liters within 30 minutes) , topical atropine eye drop to relive ciliary spasm. Topical antibiotics to prevent secondary infections in addition to eye patch and then refer the patient to eye specialist .There is no role for topical steroid in managing chemical injury of eye.

13- Answer: E.
Management of patients suffer from corneal abrasion include topical antibiotics, atropine. Eye patching, steroids and local anesthetic agents are either contraindicated or not recommended. Relieving of pain could be achieved by topical NSAIDs.

14- Answer: D
There are many risk factors for cataract such as DM, Steriods, aging, sunlight exposure, eye trauma, radiation, and smoking .

15- Answer: C.
All the listed conditions could complicate cataract surgery except retinal artery occlusion. Other complications include macular degeneration and lens mal-position.

16- Answer: A.

Stye and chalazion are eyelid infections. Stye is common compared to chalaziopn which is rare. Stye is the infection of eyelash roots while chalazion is inflammation of Meibian gland. Stye is acute and painful condition that managed by hot compresses in addition to topical antibiotics. Pulling the affected eyelash can promote drainage. Incision and drainage could be used if no improvement takes place after one week. Systemic antibiotics are rarely used for both conditions.

17- Answer: D.
The management of choice for this patient is prescribing oral dicloxacin . Other options are ineffective.

18-Answer: B.
Orbital cellulitis is the infection of tissues behind the orbital septum.It extended from sinus infections which are caused by poly-microbes. This condition should be cared as emergency and admission is indicated for intensive care. Systemic IV antibiotics are indicated(for one week and then shift to oral therapy for two weeks. CT scan is mandatory for definite diagnosis and to rule out similar conditions such as tumor.

19- Answer: A.
Central retinal artery occlusion is an emergency that should be managed initially by family physicians by digital massage of affected , giving IV or oral Acetazolamide ,Oxygen and rebreathing . There is no role for prescribing Aspirin in such patient. Patient should be managed in the first 100 minutes in order to minimize or to reverse the occlusion otherwise blindness will occur. Control of risk factors is recommended and include: DM, HTN, and dyslipidemia.

20-Answer: E.
Evaluation of patients with this condition should be done to find out the underlying risk factors and causes. ESR, CRP, Lipid profile, ECG, Echo, CBC , blood glucose are recommended .There is no role for CT scan unless there is evidence of transient ischemic attacks that could be associated with this condition.

21-Answer: A.
Management of children with viral conjunctivitis include reassurance, anti-histaminc eye drops, and artificial tear. Topical antibiotic is not indicated neither for treatment nor for prevention of secondary infections.

22- Answer: C.
All the mentioned bodies should be removed to prevent the complication such as infections, cataract and glaucoma . However, glass is inert body which should not be removed.

23- Answer: B.
Retinal detachment is the separation of neuro-sensory retinal layer from its underlying pigmented epithelium. Patients usually complain of floaters, flashes of light, cloudy vision. Sudden painless visual loss is the last event in such condition. Age, DM, myopia, eye surgery, eye trauma, prior retinal detachment , family history are known risk factors for this condition. Immediate surgery is indicated to save vision . When macula is affected the outcome is usually poor.

24- Answer: E.
Pterygium is seen in older people .This benign lesion is caused by recurrent and long exposure to dusts and UV light (sun). Exposure to smoking and radiation can cause cataract while exposure to allergen could cause allegic conjunctivitis.

25- Answer: B.
This patient had the typical manifestations of cataract. Other diagnoses are manifested with decreasing vision either suddenly such as retinal detachment, or slowly as glaucoma and diabetic or degenerative retinopathy .

26-Answer:E.
Amblyopia is decreasing in the visual acuity that results from abnormal visual development in infancy and early childhood. Vision loses ranges from mild(20/25)to severe (20/200) .In children suffering from this condition may physical examination of eyes will be normal except decrease visual acuity. Strabismus(squint) is the most likely underlying factor causing the condition. If visual acuity corrected by pine hole use , the most likely underlying cause is refractive errors. In childhood, we should screen for this condition I order to prevent permanent loss of vision(evidence-B). Management this child should include the other eye patching and atropine (evidence-A) in addition to educating parents regarding importance of compliance with recommended therapy(evidence-B). regular follow up is essential aiming to evaluate progress, recurrence and compliance to therapy as about one quarter of children will have recurrence after one.Complications of amblyopia include permanent vision loss .

27- Answer: A.
Eye should be evaluated as part of comprehensive child well being care . from birth to two years, we should test for visual acuity, gross abnormalities, ocular alignment , red reflex .A three years and older , children should be evaluated for distance visual acuity using: Snellen chart, SNELLEN numbers, Tumbling E, HOTV test, pictures, test Allen figures and Lea symbols. Cover-uncover test is used to test for ocular alignment but not for visual acuity.

28-Answer:A

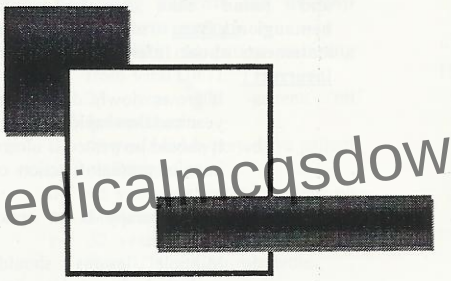
Basal cell carcinoma is the most common cause of eyelids malignancies(90%), followed by squamous cell carcinoma(5%). Both types are seen in elderly people , light-skinned persons, chronic exposure to sun lights. Lower lid and the medial canthus are the most likely affected areas of eyelids. Nodules that may ulcerate is the most common presenting features of eyelids malignancy.Treatment of those cancer is Mohs micrographic surgery

29-Answer:C

Blepharitis is the inflammation of eyelids margins. The underlying etiology include staphy infections, rosacea, seborrheic dermatitis, and kerato-conjuctivitis . The main features includes :itching, irritation and burning sensation. Management consists of :eyelid hygiene, warm compresses, followed by gentle massage to express Meibomian gland. Topical steroids, antibiotics could be used in some situations .

30-Answer:C

The American Academy of Ophthalmology (AAO) suggests comprehensive eye examination every four years for those 40-54 years old, every one-to-three years for those 55-64 years (as our patient) and every 1-2 years for those above 65 years.



Chapter Eleven

Dermatology

1. **Hani is a 26 years old Saudi male presented to your clinic telling you that he noticed a rash in his trunk for the last three days , there was slight skin itching , there was no current use of any medication. On examination there was 2.5 cm herald lesion in his trunk with some scales ,other parts of body were normal. Your initial differential diagnosis may include all the following except:**
   - a- Guttate psoriasis.
   - b- Discoid Eczema.
   - c- Drug eruption.
   - d- Pityriasis Rosea

2. **Which one of the following statements is false concerning Pityriasis rosea :**
   - a- It affects trunk and proximal extremities .
   - b- It caused by bacterial agent .
   - c- It has acute nature without relapse stage .
   - d- Rash usually resolves within eight weeks without treatment .
   - e- Treatment is symptomatic.

3. **Helal is a 5 years old Saudi child brought by his father with skin lesions on his abdomen,no other relevant history .Examination revealed white umbilicated papules around his left groin, you impression was Molluscum Contagiosum. Which one of the following statements about Mollscum contagiosa is false:**
   - a- Its cause is unknown.
   - b- It can be transmitted sexually and by direct body contact.
   - c- It is treated by cryo-therapy or curetting.
   - d- Topical steroid should not be used unless the lesions are inflammed.

4. **Nahed is 34 years old Saudi female presented to your clinic stating that she started to lose her hair frequently for the last six months, there was no other complaint,no past history of chronic disorders.Your diagnosis was androgenic alopecia. The drug of choice for treatment of Nahed would be::**
   - a- Finasteride.
   - b- Spironolactone.
   - c- Minoxidil.
   - d- Any one of the above drugs.
   - e- A & B

5. **Salem is one month old infant who was brought by his parents to your clinic telling you that their infant had hand skin lesion since his birth, you examined him and found that he had infantile hemangioma.One of the following statements about infantile hemangioma is incorrect :**
   - a- It grows slowly during the first year and then rapidly thereafter.
   - b- It should be treated if ulcerate or impairs normal function of the body.
   - c- Laser therapy is an option of treatment.
   - d- Multiple lesions should be evaluated by using imaging studies.

6. **Ali is 17 years old presented to your clinic complaining of face and trunk multiple skin lesion for the last three months. You examined him and found to have acne .Which one of the following statements about acne is false.**
   - a- It is inflammatory process.
   - b- It is more severe in females than males.
   - c- It is worsen during fall and winter seasons.
   - d- It is not proved to exacerbated with any type of food.
   - e- It could be exacerbated with emotional stress.

7. **Ali asked you about the management of this problem. You could tell him all the following but:**
   - a- Initially, treatment may tend to worsen the condition.
   - b- Response to drug may take few weeks to show good response.
   - c- Most patients need two drugs to show good response.
   - d- Different stages of acne treated equally.

8. **Oral antibiotics that could be used to manage moderate to severe stages of acne include all the following But:**
   - a- Erythromycin.
   - b- Tetracyclin.
   - c- Metronidazole .
   - d- Minocyclin.
   - e- Cotrimexazole.

9. **Hussian is 65 years old presented with multiple face lesion for many years , you examined him and found that he had Actinic keratoses . He asked you about this lesions and the skin cancer. You can tell him that his face lesions are precursor for:**
   - a- Melanoma.
   - b- Basal cell carcinoma.
   - c- Squamous cell carcinoma.
   - d- All above cancer.

10. **All the following patients can develop Erythema multiform <u>except:</u>**
    - a- 45 years old patient suffering from Viral URTI.
    - b- 25 year old patient on Indomethacin
    - c- 48 years old hypertensive patient on Diuretics.
    - d- 45 years old diabetic patient on Metformin.
    - e- 32 years old patient suffering from UTI on Cotrimexazole.

11. **The <u>least likely</u> patient who will develop Erythema Nodosum is:**
    - a- 25 years old female using Oral contraceptive pills.
    - b- 25 years old patient had acute bronchitis on Amoxicillin.
    - c- 18 years old patient had Streptococcus pharyngitis.
    - d- 20 years old patient found to have Viral URTI.
    - e- 45 years old patient who was diagnosed as a case of Sarcoidosis.

12. **Which of the following individuals are at high risk to develop urticaria :**
    - a- Individual exposed to cold.
    - b- Individual suffers from severe sweating.
    - c- Individual washes himself frequently.
    - d- All above.
    - e- None above

13. **Ali developed urticaria , he came to you as his physician, while you are discussing with him therapeutic options, house officer asked you which of the following medications <u>should not be</u> prescribed for Ali? Your response would be**
    - a- Cimetidine.
    - b- Diphenhydramine.
    - c- Adrenaline.
    - d- Certiazine.

14. **Hesham is a six months old child who was brought by his mother with scalp lesions for the last four months, she visited many doctors for this problem. All of them diagnosed her child as a case of "seborrheic dermatitis" .Which of the following statements you <u>could not</u> tell Hesham's mother about this problem?**
    - a- The most affected age group is those less than one year.
    - b- Scalp and face are the most common two affected parts of the body.
    - c- The cause is multi-factorial.
    - d- Systemic steroids are the drug of choice.

15. **This mother attended after ten years with facial rash of itchy nature , her doctor told her that she had Rosacea , she asked you to tell her about this problem , which of the following information you <u>would not</u> tell her about this problem ?**
    - a- Younger people are the most affected age group.
    - b- The comedons are typically absent.
    - c- Women are affected more than men.
    - d- The drug of choice is topical Metronidazole.
    - e- Topical Tretinoin ,steroids and benxoyl peroxide will aggravate the condition.

16. **Sami is a 34 years old who came to your clinic complaining of bilateral hands skin lesions for about one year, you examined him and found multiple warts on the dorsal aspects of his both hands . He asked you about this problem, you can tell him <u>all</u> the following information <u>except:</u>**
    - a- Warts are caused by viruses.
    - b- Warts are most likely to cure without medications.
    - c- Salicylic acid or liquid nitrogen could be used as an option of treatment.
    - d- Acyclovir is an effective antiviral agent to treat warts.
    - e- Some types of wart could transform to malignant skin lesion.

17. **Ali is 5 years old presented with fever and skin rash , your differential diagnosis included viral skin rash. Which one of the following is the <u>least expected</u> agent to cause this rash?**
    - a- Measles.
    - b- Chicken Pox.
    - c- Small pox. .
    - d- Rubella.
    - e- Erythema infectiosum.

18. **Hani is 12 years old presented to your clinic with fatigue, fever , mouth , foot and hand skin lesions for the last two days. You diagnosed him as Hand, Foot and Mouth Disease(HFMD). He asked about this skin problem, you could tell him all the following information <u>but:</u>**
    - a- This problem is caused by bacterial agents.

b- Skin lesion will resolve within less than one week.
c- Complications are rare.
d- Some skin erythamatous lesions may develop after the disappearance of the primary lesions.
e- Three is no specific treatment for this problem.

19. Hashem is 34 years old Saudi male teacher presented to your clinic complaining of white itching lesion between his right foot toes , you examined him and found white lesion and erythema between his right big toe and the next toe . You should consider the following risk factors before initiation anti-fungal therapy but:

a- Diabetes Mellitus.
b- Smoking.
c- Using oral steroids.
d- HIV infection.
e- Cushing syndrome.

20. You ruled out all the above mentioned risk factors, the next step would be:

a- Prescribing oral Griseofulvin for six weeks.
b- Prescribing topical Miconazole for four weeks.
c- Asking for Scale and send it for microscopy.
d- Advising him to do frequent feet hygiene using plain water and soap .

21. Salem is six years old who was brought by his mother complaining of face skin lesion for the last four days. Clinical examination revealed maculopapular rash on the face with honey colored crusts . The most likely diagnosis is:

a- a-Chicken pox.
b- b-Tineasis.
c- c-Impetigo.
d- d-Acne.
e- e-Atopic dermatitis.

22. You can tell his mother all the following information except:

a- a-The most cause of this condition is GABHS.
b- b-This condition is the most common skin infection in childhood.
c- c-The annual incidence of this condition is about 3%.
d- d-This condition could transmit to his brother by direct contact.
e- e-Poor hygiene play important role in occurrence of this condition.

23. The most common complication that may occur for this child is:

a- Rheumatic fever.
b- Acute post-strepto-coccal-glomerulonephritis.
c- Sepsis.
d- Endocarditis.
e- Cellulitis.

24. Oral anti-microbes is indicated for the above child in the following situations BUT:

a- If he did not tolerate topical agent.
b- If the child has associated fever.
c- If the child has more hands and legs lesions.
d- If his mother insist for oral anti-microbial agents.

25. In patient suffering from impetigo the following antibiotics are effective in management BUT:

a- Augmentin.
b- Erythromycin.
c- Penicillin.
d- Dicloxacillin.
e- Cefuroxime.

26. The best antibiotics used to manage impetigo is:

a) Amoxycillin.
b) Ampicillin.
c) Penicillin.
d) Fucidic Acid.
e) Hydrogen Peroxide.

27.The best diagnostic method of Tinea infections is:

a- Potassium –Hydroxide microscopy .
b- Culture.
c- Wood's Lamp Examination.
d- Clinical examination.

28.One of the following about Tinea Capitis in children is FALSE:

a- **Scaling and alopecia are typical manifestations.**
b- **The investigation of choice is KOH Microscopy.**
c- **The treatment of choice is Grisfulvin.**
d- **Duration of treatment is four weeks.**
e- **It is the most common fungal infection in children.**

29.Which of the following anti-fungal could be used in most of the fungal infections of the body?

a- **Itraconazole.**
b- **Terbinafine.**
c- **Miconazole.**
d- **Griseofulvin.**
e- **Clotrimazole.**

30.The most specific and sensitive sign to diagnose tinea capits is:

a- Scaling.
b- Alopecia.
c- Pruritis.
d- Adenopathy.

31.Which two types of skin fungal infections should be managed by oral anti-fungal agents:

a- Tinea Corporis & T Capitis.
b- T.Capiis &T. Unguium.
c- T.Pedis & T. Capitis.
d- T. Cruris & T.Capitis.
e- T. Unguim & T.Pedis

Answers

1-Answer: C
All the mentioned conditions should be considered in the differential diagnosis of trunk skin rash. Drugs is unlikely as this patient did not use any medication .

2-Answer: B.
Pityriasis rosea is herald skin rash that caused by fungal or viral agents, it affects trunk and limbs in 20-30 years old individuals. Itching occurs rarely and the condition is self-limited without chronic sequences. Treatment is symptomatic by using anti-histaminic agents for itching.

3- Answer: A.
Molluscum Contagiosum is viral infection caused by pox virus which affects mainly the children. It could be transmitted sexually through body to body contact. It could be diagnosed clinically , treatment include: anti-biotic-steroid ointment if there is excoriated skin lesions, liquid nitrogen and or superficial curettage.

4- Answer: C.
Although there is no definite cure or treatment for alopecia, the preferred drug for this lady is Minoxidil.However, with discontinuation of medication the hair will fall again.

5-Answer: A
Hemangioma is rare at early new-born stage . During the first year of life it common as (10%). After five years 50% will disappear, by seven years 70% will resolve and by 10 years almost 90% will resolve. Management is conservative unless there ulceration or dysfunctional effect on vital organs. Deep and multiple hemangioma needs further evaluation of the underlying tissues to rule out hemangioma of liver or gut.

6-Answer: B.
Acne is inflammatory disease of adolescents (15-25 years) that occurs due to stimulation of sebaceous glands by sex hormones and result in papular, cystic and nodular skin lesions of face, trunk and chest. It affects males than females. It is worsen during fall and winter seasons . There was no definite association found between acne and type of diet. Acne could be exacerbated with stress and some hormones.

7- Answer: D.
You could tell this patient that his condition may worsen during the initial phase of management, medications take 6- 8 weeks to show some improvement , and he may need two medications to show good response .However , each stage is managed differently. Mild to moderate acne is managed by topical Benzoyl peroxide and or topical use of Retin-A . Moderate to severe stage is managed by oral antibiotics while very severe form(nodular stage) is managed with oral Retinoid.

8-Answer: C.
All the mentioned drugs are acceptable options for management of moderate to severe form of acne but Metronidazole . Choice of each option depends on cost, safety and patient tolerance .

9- Answer: C.
Actinic keratosis is localized nest of atypia and dysplasia within the keratinocytes. It is common in elderly .It is seen in the sun-exposure areas of the body(face, neck, back). It is pre-malignant lesions that can convert to squamous cell carcinoma.

10- Answer: D.
Erythema multiform is acute inflammatory reaction that occurs due to variant stimuli producing target like lesions.There are so many causes for this lesion which include drugs; NSAIDS, Sulfa, Penicillin, Diuretics and Phenothiazines. Infections can cause this lesion and include; herpes simplex-1, mycoplasma pneumonia.

11- Answer: B
Erythema Nodosum is painful inflammatory disorder manifested as crops of tender nodules on the skin. There are many causes for this condition which include sulfa , oral contraceptive pills, TB, sarcoidosis, inflammatory bowel diseases, leprosy, lymphoma, and brucellosis.

12- Answer: D.
There are many risk factors and causes for urticaria .They include exposure to cold, light, pressure, exercise, sweating, and contact with hot water. Many infections are associated with urticaria(sinusitis, cholycystitis, UTI and fungal infections).

13-Answer: C
Management of urticaria include avoidance the risk factors, treating the underlying causea and symptomatic drugs. The later include anti-histamines such as H1 blockers(Diphenhydramine, Chlorpheniramine, Hydroxyzine, Promthazine and Loratidine .H2 blockers could be used if no response to H1 blockers(Cimetidine and Ranitidine) . Adrenaline is used in anaphylactic shock but not in simple urticaria.

14- Answer: D
Seborrheic dermatitis affects infants (1- 3 month old). The most common affected areas of body are scalp , face and chest. It has multi-factorial etiology such as vitamins deficiency, association with central nervous system diseases(CVA, parkinsonism, epilepsy, facial palsy),and HIV

infection. This child could be managed by shampoo , salicylic acid or selenium sulfide containing shampoo. Severe cases could be managed by Ketoconazole containing shampoo. Systemic steroids are not recommended for management of this condition.

15-Answer: A

Rosacea is acneiform skin eruption affect face . The women and the middle age individuals are affected than males and other age groups.Clinically, there are erythema background on which there are papules and pustules.Topical Metronidazole is the drug of choice for mild cases .Moderate to severe cases are managed by oral Erythromycin, Tetracyclin, Metronidazole, Minocycline and Isotretinon. Topical Anti-acne such as Retin-A and Benxoyl peroxide are not used as they will aggravate the condition . Topical steroid should not be used.

16- Answer: D.

Warts are caused by Human Papilloma Virus(HPV) .Warts of hands are caused by HPV type 2 and 4. Almost all types of wart disappear spontaneously without treatment but will take long time. Many remedies are used to treat this condition ; cryotherapy, curettage ,cautery ,topical use of salicylic acid and lactic acid or podophyllin. Acyclovir is not used to manage warts.

17- Answer: C.

All the conditions are associated with fever and skin rash of different morphology and sites.However, Small pox is unlikely as it was eradicated from the world since long time. Rash of measles is preceded by fever, coryza, conjunctivitis and cough. Rash of this condition is macular in nature. Chicken pox is viral infection of papular – vesicular rash .Rubella rash is similar to measles rash , appearance of rash is preceded by low grade fever,tender post-occipital lymph node could be present. Erythema infectiosum is caused by Parvovirus and characterized by low grade fever,followed by facial rash(slapped cheek) and then rash spreads to limbs.

18-Answer: A

Hand ,foot and mouth disease is viral infection that caused by coxsacki virus. Patients usually present with fatigue and fever followed by red vesicles on the mouth, lips , hands and feet. The lesions may ulcerate .This problem is self-limited, managed symptomatically by Paracetamol and fluid intake .It will resolve with one week, however, some erethymatous lesions may develop after disappearance the primary skin lesions.

19-Answer: B.

Risk factor for foot fungal infections should be looked for before initiation anti-fungal therapy. They include: Diabetes mellitus, using oral steroid , Cushing syndrome , malignancy, using antibiotics and AIDS. Smoking is not considered as risk factor for this condition.

20-Answer: B.

Management of fungal infection of feet include foot hygiene, using of topical anti-fungal for one month. Griseofulvin is used for nail fungal infections(Tineaunguim).

Answers: 21(C),22(A),23(B),24(D),25(C),26(D)

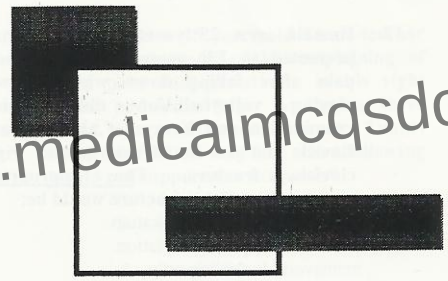
Impetigo is contagious skin disease which caused in most cases by Staph. Aureus. The most common affected age 2- 5 years, it is the most common bacterial skin infection and the third common diagnosis after dermatitis and warts. Its incidence in UK is about 2.8% in children (< 5 years) and1.6% in children(5-15 years old). Risk factors include : poor hygiene and crowdedness. This disease transmits by direct contact . Diagnosis is based on clinical findings: (macules, papules, and honey colored crusts).Impetigo is self-limited condition which will resolve within two weeks. However, topical antibiotics such as fucidic acid could be used to manage this infection(Evidence-A), Oral antibiotics such as(Augmentin, Cephalosporin, and Macrolide) are effective to manage impetigo(Evidence-A).Oral antibiotics are indicated for patients with extensive skin involvement or those associated with systemic symptoms(Evidence-C).oral penicillin, Amoxycillin and topical neomycin are not recommended for treating impetigo and Hydrogen peroxide should not be used to manage impetigo (Evidence-B) .It was reported some serious complications such as acute post-streptococcal glomerulonephritis which could affect 1-5% of patients impetigo. Other rare complications include: sepsis, osteomylitis, endocarditis, pneumonia, arthritis, and cellulitis. Rheumatic fever was not reported to cause such complication.

Answers:27(A),28(D),29(B),30(D),31(B)

Tinea Infections include tinea capitis which affects the scalp, T.Pedis which affect the feet, T. Cruris which affect the groin, T.Corporis that affects the body, T.unguium that affects nails. The best to diagnose Tinea infections is KOH microscopy . This method is more sensitive than fungal culture((Evidence-C).

T. capitis is the most common fungal infection of children. It is manifested with scalp scaling , alopecia areata, itching, and adenopathy. Adenopathy is the most sensitive and specific manifestation(+ LR=7.5, sens=94%, Spe=87%). Most of cases are caused by Trichophyton tonsurans. This infection should be treated by oral Griseofulvin as 20 mg/kg/day for eight weeks or Terbinafine 62.5 mg per day for r four weeks (Evidence-B). Many tineas could be managed effectively by topical use of anti-

fungal. However, Tinea capitis and T.unguium should be treated by oral antifungal agent .Athlete's foot is another term for t. Pedis which is caused by T.rubrum , it most common in adolescents, diabetics and in moist environment. It less prevalent in those walk on bared feet. Topical agents such as Terbinafine could be used once daily for 14 days.



Chapter Twelve

Orthopedics

1. **Fauzi is a 30 years old Saudi male presented to your clinic complaining of lower back pain for the last four days ,pain is sharp and moderate in severity , there was no radiation or sensory changes. No past history of trauma ,no fever. Physical examination revealed lower back(L 3-4) tenderness, and mild tenderness with spine flexion , power and sensation in both lower limbs were normal.The most likely diagnosis was:**
   a. Lumbo-sacral sprain /strain.
   b. Spondylosis.
   c. Early disc prolaps .
   d. Ankylosing spondlitis.

2. **Management of this patient include all the following except:**
   a. NSAIDs.
   b. Muscle relaxant.
   c. Hot compresses.
   d. Early mobilization.
   e. Paracetamol

3. **The probability that this patient will cure within three weeks is about:**
   a. 40%.
   b. 90%.
   c. 70%.
   d. 30%
   e. 20%.

4. **You managed this patient accordingly and advised him to come back if any one of the following symptoms appeared except:**
   a. Impotence.
   b. Fever.
   c. Pain continues for more than six weeks.
   d. Bladder dysfunction.
   e. Pain not improve within two weeks.

5. **Saad is a 23 years old Saudi football player came to your clinic complaining of left wrist pain after falling down on his outstretched left hand. Physical examination revealed tenderness over the left radial aspect of wrist ,there was no other significant findings. The most likely diagnosis is:**
   a. Smith fracture.
   b. Wrist strain.
   c. Scaphoid fracture.
   d. Colle's fracture.

6. **The immediate action to manage this patient would be:**
   a. Referring him to orthopedician.
   b. Asking for X-ray of hand and wrist.
   c. Prescribe analgesics and give appointment within one week.
   d. Thumb Spica cast for six weeks.

7. **Hussain is a 25 years old Saudi male presented to ER complaining of should pain after falling down while he was playing volleyball.You did physical examination and X-rays of shoulder and clavicle and you found that he had right clavicle fracture. The appropriate management of this fracture would be:**
   a. External fixation .
   b. Internal fixation.
   c. A sling only.
   d. A figure 8 bandage .
   e. C &D.

8. **Figure 8 splint may cause:**
   a. Shoulder stiffness.
   b. Brachial plexus injury.
   c. Frozen shoulder.
   d. Shoulder dislocation.

9. **Hani is a 45 years old teacher who fell on his outstretched right hand and developed severe right shoulder pain , you examined him and found that he had anterior dislocation of shoulder joint, the first action concerning management of this patient would be:**
   a. Asking for X-rays of shoulder .
   b. Reduce dislocation.
   c. Referring him to orhopedician.
   d. Giving him pain killer.

10. **Post reduction care in the above patient should include all the following except:**
    a. Shoulder X-rays.
    b. Evaluation of neurovascular status.
    c. Arm immobilization in a sling for eight weeks.
    d. Early follow up by orthopdecian

11. **One of the following statements about shoulder dislocation is false:**
    a. The most common type of dislocation is the anterior one.
    b. The most likely injured nerve during shoulder dislocation is the brachial nerve.
    c. Posterior dislocation of shoulder should make us aware about the secondary cause.
    d. Recurrent dislocation is common

12. **One of the following statements about tennis elbow is false:**
    a. It affects the lateral epicondyle
    b. It is exacerbated by resisted flexion of wrist or finger.

c. Its recurrence is common.
d. Treatment options include local steroid injection.

13. **-Hamdan is a 45 years old Saudi teacher presented to your clinic complaining of night pain and paresthesia in his right thumb and index finger for the last three weeks.You considered Carpel Tunnel Syndrome.Which one of the following would not support this diagnosis?**
    a. Positive Tinel's sign.
    b. Positive Phalen's sign.
    c. Nocturnal pain.
    d. Painful thumb movement .
    e. Thenar muscles weakness.

14. **The least common cause of Carpel tunnel Syndrome (CTS) would be:**
    a. Diabetes mellitus.
    b. Hypothyroidism.
    c. Obesity.
    d. Dyslipidemia.
    e. Pregnancy.

15. **Surgical intervention is indicated in patients with carpel tunnel syndrome in the which following situation/s**
    a. If there atropy of thenar muscles.
    b. If there was no improvement of symptoms after three weeks of medical therapy.
    c. If there was poor median nerve conduction.
    d. If both phalen's and Tinel's tests were positive .
    e. A&C

16. **Saleh is a 23 years old Saudi male presented to your clinic complaining of right shoulder pain for the last four weeks, there was no fever, no night sweating ,no other complaint. Clinical examination revealed tenderness over anterior aspect of right shoulder and increasing pain when elevating of arm from 60 -12 0 degrees. You consider that Saleh had Rotator Cuff Syndrome(RCS),all the following are criteria to diagnose RCS but:**
    a. Age of onset
    b. Duration of pain
    c. Number of previous episodes.
    d. Tear of rotator cuff tendon.
    e. Rotator cuff fibrosis or calcified deposit.

17. **This patient is most likely to have:**
    a. Stage 2 RCS.
    b. Stage 3 RCS.
    c. Stage 4 RCS.
    d. Stage 1 RCS.
    e. Stage 5 RCS.

18. **Management of this patient should include all the following but:**
    a. Using NSAIDS.
    b. Using hot packs.
    c. Using ice packs.
    d. Avoiding activities aggravating pain.

19. **Ali is 55 years old manger presented to your clinic complaining of pain in his left shoulder which was associated with restriction of shoulder movement in all directions for the last six months, this pain become severe during the past week .You considered Frozen shoulder as the most likely diagnosis, which one of the following is not a cause or risk factor for this condition?**
    a. Prolonged shoulder immobilization.
    b. Diabetes Mellitus.
    c. Shoulder osteoarthritis.
    d. Past history of shoulder trauma.
    e. Being Volleyball player.

20. **Management of this patient hould include all the following except:**
    a. Local steroid injection.
    b. Shoulder physiotherapy.
    c. Oral steroids.
    d. NSAIDs.

21. **Ali asked you "after how long the symptoms will he resolve", your response would be:**
    a. Within 1-2 months .
    b. Within 3-6 months .
    c. Within 7-9 months .
    d. Within 10-16 months.
    e. Within 18-24 months.

22. **Salem is a 21 years old Saudi student attended to your clinic suffering from pain in his right ankle for three hours , he told you that this pain appeared after participation in running race in his college . Important questions that should be asked to Salem include all the following but:**
    a. Direction of ankle twisting.
    b. Severity of pain.
    c. Loss of sensation in his leg.
    d. Reason for coming to your clinic.

23. **Next step in management Salem would be:**
    a. Putting ice packs on his ankle.
    b. Asking for urgent ankle X-rays.
    c. Prescribing NSAIDs.
    d. Doing physical examination.
    e. Referring Salem to Emergency Department.

24. **Full assessment of Salem revealed tenderness on the left aspect of ankle without any vascular or nervous deficit , there was pain when inversion movement took place.The most likely affected ligament would be:**
    a. Anterior inferior tibiofibular ligament.
    b. Anterior talofibular ligament.
    c. Antericalcanofibular ligament.
    d. Dorsal calcanofibular ligament.

25. **Management of Salem include all the following except:**
    a. Use ice pack on the ankle.
    b. Ankle support brace.
    c. Local anesthesia injection.
    d. Foot elevation.
    e. Oral NSAIDs.

26. **Jaber is a 20 years old Saudi male player , he attended to your clinic complaining of severe pain in his left knee for the last four hours, detail history revealed that he was playing and fell down.Physical examination revealed that Jaber was unable to walk properly, unable to straighten his left knee , tenderness in the internal part of his knee, and restriction of his knee extension . Depending on this information Jaber most likely to have:**
    a. Left patellar fracture.
    b. Left anterior cruciate ligament sprain.
    c. Left medial meniscus tear.
    d. Left lateral meniscus tear.
    e. Left medial collateral ligament sprain.

27. **In order to diagnose his condition the best test or investigation that you should ask for would be:**
    a. MRI.
    b. CT scan.
    c. Plain X-rays.
    d. Ultrasound.

28. **The initial management of this patient should include all the following But:**
    a. Ice packs.
    b. Quadriceps exercise.
    c. Arthoscopic surgery..
    d. Knee immobilization.
    e. NSAIDs.

29. **"Ottawa knee rules" have been developed to determine the need for radiograph for patient exposed to knee trauma , all the following are considered indicated to do Plain X-rays for knee except:**
    a. Patient of 30 years old.
    b. Patient who has tenderness at the head of fibula.
    c. Patient who has tenderness at patella.
    d. Patient who is unable to flex his knee to 90 degrees.
    e. Patient who is unable to walk four weight-bearing steps in office.

30. **Late complications of fracture include all the following except:**
    a. Deformities.
    b. Osteoarthritis of the adjacent joint.
    c. Traumatic chondromalacia
    d. Aseptic necrosis.
    e. Compartment syndrome

Answers

1-Answer: A.
This young patient with short history of back pain without any systemic manifestations or neurological deficit is most likely to have mechanical back-pain(sprain or strain).

2- Answer: B
Management of acute backache include analgesic or ant-inflammatory such as Paracetaml or NSAIDs and hot compresses. There is minor role for muscle relaxant and early mobilization is highly recommended.

3-Answer: C.
Most of patients suffering from acute back pain will resolve within six weeks(90%) while 70% will improve by the end of the three week of attack.

4-Answer: E.
Patients with back ache should be educated about the red flag of this condition. They include fever, weight loss, no improvement after six weeks, neurological deficits such as impotence, bladder dysfunction, lower limbs sensory or motor symptomsor signs.

5-Answer: C.
This patient most likely to have scaphoid bone fracture that usually results from falling on outstretched hands .Smiths's fracture is the fracture of the lower end of radius with forward angulation.Colle's fracture is dorsally displaced fracture of the distal part of radius.

6-Answer: B
The initial management of suspected scaphoid fracture is confirming the diagnosis by asking for wrist X-rays. However, fractures may not be seen immediately and If so it should be repeated after two weeks.

7-Answer: E.
Management of clavicle fracture include: reduction, sling, figure eight bandage,(elbow, fingers and wrist exercise).

8-Answer: B.
Figure eight splint could cause pressure on brachial plexus injury as it is worn through axilla.Shoulder stiffness is not a known complication of figure eight splint.

9-Answer: A.
The next step in management of shoulder trauma after history and physical examination is asking for X-rays to classify the trauma and to take the appropriate action. Other listed options could be done after asking for x-rays.

10-Answer: C
After reduction , physician should evaluate the neuro-vascular status of the affected side, ask for X-rays to confirm reduction, and arrange follow up with ortho- physicians. Arm immobilization is not used to manage such condition.

11-Answer: B.
About 90% of shoulder dislocation is anterior type. The most common injured nerve is axillary nerve .Recurrent dislocation is common and may need surgical repair. Posterior dislocation is rare and should make us to think about secondary cause such as convulsion.

12-Answer: B
Tennis elbow is inflammation of the extensor origin of the lateral epicondyle .It occurs due to overuse .The pain is maximum by the resisted extension of the wrist or fingers. Recurrence of this condition is common particularly in patients who were managed by steroids. Management includes: avoiding activities causing this pain, hot compresses , NSAIDs , and local steroids.

13- Answer: D
Nocturnal pain, thenar muscle weakness, Positive Tinel's sign(painful sensation of the fingers induced by percussion of the median nerve at the level of the palmar wrist, positive Phalen's(keeping both wrists in a palmar-flexed position) may produce symptoms) support the diagnosis of carpal tunnel syndrome which results from median compression by many different conditions.Pain or tenderness while moving thumb finger is not a feature of this syndrome.

14-Answer: D.
There are many causes for CTS ; they include:Diabetes,obesity,rheumatoid arthritis,pregnancy, hypothyroidism,amyloidosis and overuse. Dyslipidemia is not known to cause this syndrome.

15-Answer: E.
Indication for surgical intervention to manage CTS include: poor nerve conduction, thenar muscles weakness, and if there is no symptomatic improvement after six weeks of medical therapy.

16-Answer: B.
RCS is a painful condition of the shoulder that occurs due to forceful or repetitive overhead motion .It ranges from simple tendinitis to partial or complete tear of rotator cuff tendon (mainly supraspinatus),usually it occurs among patients of 25-40 years old. Multiple episodes are common, rotator cuff fibrosis and or calcinosis is seen in the advanced stage.

17-Answer : D.

This young patient is most likely to have stage 1 of RCS. As he had only pain, and restriction of movement from 60-120 degrees. In stage 2 there are multiple episodes, some permanent fibrosis, calcified deposit on the rotator cuff. In stage 3, there is partial thickness or complete tear of rotator cuff tendon. Stage 4 and 5 are not known clinically.

18-Answer: B.
Management includes use of ice pack, anti-inflammatory drugs, avoiding activities that worsen the condition.Use of hot packs is not recommended.

19-Answer: E.
Frozen shoulder (adhesive capsulitis) is chronic painful and stiff shoulder. It occurs due to prolonged shoulder immobilization either due to chronic pain or underuse, and trauma. Risk factors include diabetes, trauma, and osteoarthritis.

20- Answer: C.
Management of patient with frozen shoulder should aim to minimizing pain by using NAISDs , or local steroid injection, minimizing stiffness by using physiotherapy.Oral or injection steroid is not recommended to avoid its serious complications.

21-Answer: E.
Most of patients with frozen shoulder need 18-24 months to return to asymptomatic status.

22-Answer: C
In any patient come with ankle pain after running or walking we should assess him for site of pain, duration of pain, severity and direction of twisting if any. We should ask about idea of patient, his concern, and explore hidden agenda as this patient is a student who may come for sick leave. Asking about sensory deficit is less important as most of ankle injuries are not associated with nerve injury.

23-Answer: D.
Evaluation of this patient should include: step-1: History taking, step-2: Performing physical examination, step-3 :Asking for ankle X-rays to rule out fracture, step-4. If there is no fracture, use ice packs, elevate the leg and prescribe NSAIDs. Referring to ER is indicated if there is fracture or severe ligament tear.

24-Answer: B.
Anterior talofibular ligament is the most common affected ligament in ankle strain that results from plantar flexion and inversion.

25-Answer: C.
Management of ankle sprain / strain include : ice packs application, NSAIDs, ankle support with splint, foot elevation. There is no role for local anesthesia .

26-Answer: C
This patient with this clinical picture most likely to have left meniscus tear that usually occurs as a result of severe knee trauma during playing . In collateral ligament injury the patient feels pain and tearing sensation at the affected joint. In anterior cruciate ligament injury, the patient had history of twisting injury, short sharp sound(pop tearing sound) followed by joint swelling due to effusion.

27-Answer: A.
The best diagnostic test for meniscus tear is MRI. However, definite diagnosis is obtained by arthroscopy.

28-Answer: C.
Initial management of patients with meniscus tear include: ice packs, quadriceps exercise, partial weight bearing using crutches. In addition to pain relieving by NSAIDs Surgical intervention is indicated if symptoms did not improve or knee remained locked or swelling persisted .

29-Answer: A.
Fractures seen in 5%-10% of patient exposed to Knee trauma . Ottawa knee rules were developed to rationalize the request for Knee X-rays. These rules have 97% sensitivity and 27% specificity for fracture. According to these rules X-rays is indicated in the following situations: age above 54 years old, tenderness at the head of fibula, isolated pattellar tenderness, inability to flex knee to 90 degrees and in-ability to walk four weight bearing steps in the clinic .

30-Answer: E.
Complications of fractures could be classified into immediate complications such as: bleeding, nerves injury, vessels injury, and injury to underlying structures such as organs. Early complication occur in the first few hours to days and include: gangrene, wound infections, tetanus, nerve palsy from tight cast or plasters ,DVT, fat embolism, compartment syndrome, and crush syndrome. Late complications include: delayed union, non-union, mal-union, avascular necrosis , osteoarthritis,myositis ossifican , post-stress syndrome and traumatic chondromalcia .

Chapter Thirteen
Self-Assesment Questions

The main objective of this this chapter is evaluate your knowledge after comprehensive Review of the most important clinical knowledge in most of specialties. It could be very helpful for you to measure your readiness for SLE. There is no explanation and the correct answers are given in the end of the book. There are 100 questions which are followed by four or five answers from which you can select the one best answer.

Are you ready to start ? The allowed times is two hours.

1.The most common presenting manifestation of H.Lymphoma is:
a-Fever.
b-Weight loss.
c-Painless lympho-adenopathy.
d-Night sweating.
e-Fatigue.

2.Serious cause of headache does not include:
a-Acute Glaucoma.
b-Vitamine-B6 deficiency.
c-Sub-arachnoid bleeding.
d-Pituitary gland tumor.
e-Meningitis

3.Which of the following statements about FC is FALSE?
a-The peak of occurrence is 18 months old.
b-The incidence of FC is about 5%.
c-Complex type of FC lasts more than 15 minutes.
d-The prone position is recommended to allow drain of secretion and vomitus.
e-Most of cases will not develop epilepsy.

4.Ali is a 35 years old married teacher plan to travel to Mexico this year with his family, the least important issue that you should discus with him is:
a-Safe drink and foods.
b-Safe sex practice .
c-Hepatitis-A vaccination.
d-Management of traveler diarrhea.
e-Protection methods against Insects .

5. **DVT occurs as a result of long trip. Which of the following interventions will not prevent such complication?**
a-Drink plenty of fluid .
b-Use compression stocks.
c-Drink alcohol.
d-In flight leg exercise

6.The best method to diagnose testicular cancer is:
a-B-hCG.
b-Plain X-rays.
c-Ultrasound.
d-Clinical Examination
e-CT scan.

7.AMMAR is 30 years old presented with right side hemi-paresis and ataxia for the last three days. You suspected brain tumor. Which of the following parts of brain is the most likely affected in this patient?
a-Frontal lobe.
b-Parietal lobe.
c-Cerebellum.
d-Brain stem.
e-Temporal lobe.

8.The least laboratory/radiological findings seen in patients with Multiple meyloma is:
a- Normocytic normochromic anemia.
b-Bone lytic lesions.
c-Low platelets.
d-High creatinine.
e-Hypercalcemia.

9. **The best solution to irrigate wounds is:**
a-Hydrogen peroxide.
b-Normal saline.
c-Ringer lactate.
d-Povidone-Iodine.
e-Tap water.

10.Patient had deep sole dirty wound without any known history of tetanus immunization .The appropriate tetanus prophylaxis for this patient would be:
a-Td & TIG.
b-Td.
c-TIG.
d-TIG & antibiotics.
e-Td & antibiotics.

11. **The most common complication of surgery for prostate cancer is:**
a-Bowel dysfunction.
b-Death.
c-Sexual dysfunction.
d-Urinary incontinence .
e-Recurrent UTI.

12. **One of the following is not true concerning screening for colo-rectal cancer:**
a-Screening is recommended to be started at 45 years old for individuals of normal risk.
b- It should be continued till 75 years old.
c-If done by colonoscopy, it should be repeated every ten years.
d-Flexible sigmoidoscopy is done every five years.

e-Annual fecal occult blood test could be done annually.

13. **Husam is a 32 years old presented with running nose ,sneezing and fever for the last three days . Your diagnosis was common cold and managed him accordingly . five days later he presented with mucopurulent nasal discharge and pain in the right side of face. Your current diagnosis is acute sinusitis .Your action would be:**
a-Asking for sinus X-rays.
b-Asking for nasal discharge culture.
c-Referring him to ENT consultant.
d-Prescribing antibiotics, analgesic and following up after five days.
e-Reassure him, prescribe anti-histaminic and following up if not improve within 48 hours.

14. **One of the following patients needs urgent referral to emergency department:**
a-A 13 years old male with suspected hydrocle.
b-A 12 years old male with suspected acute orchitis.
c-A 75 years old male with suspected scrotal cancer.
d-A 17 years old male with suspected testicular torsion.
e-A 21 years old male with suspected epididymitis.

15. **scotal swelling which found to be" bag of worms" in consistency suggests:**
a-Testicular cancer.
b-Inguinal hernia.
c-testicular torsion.
d-Varicocele
e-Hydrocele.

16. **Specific and appropriate health education was found to be effective for all the following situations except:**
a-Control of hypertension.
b-Control of diabetes mellitus.
c-Reduction breast cancer mortality.
d-Reduction incidence of acute respiratory infections.
e-Reduction melanoma mortality.

17. **Repetion of information at intervals (from time to time) such as telling patients about the complications of Diabetes is an example of:**
a-Participation.
b-Motivation.
c-Reinforcement.
d-Enhancement.
e-Comprehension.

18.**American Heart Association recommended all the following intervention concerning life styles BUT:**
a-Limit salt intake to 2 g per day.
b-Consume fish twice per week.
c-Increase fresh juice intake into 0.5 L/day.
d-Increase intake of olive oil.
e-increase aerobic exercise to 30 minutes/day .

19.**Hypoallergic infant formula is effective for management:**
a-Skin atopy.
b-Milk protein allergy.
c-Asthma
d-All above.
e-None above.

20. **Soya formula is indicated for infants suffering from:**
a-Galactosemia.
b-Lactase deficiency.
c-Premature infants.
d-Infantile colic.
e-A &B.

21. **To meet the daily calcium need , adult should drink at least :**
a-500 ml of milk.
b-400 ml of milk.
c-250 ml of milk.
d-750 ml of milk.
e-1000 ml of milk.

22. **Thedaily intake of cholesterol in diabetic patients should not be more than:**
a-250 mg.
b-100 mg.
c-200 mg.
d-150 mg.
e-300 mg.

23.The recommended dietary allowance for pregnant lady from Folic Acid is:
a-200 micrograms.

b-300 micrograms.
c-400 micrograms.
d-800 micrograms.
e-1000 micrograms.

24.**The daily recommended protein intake for diabetic patients with early stage of chronic renal disease(CRD) is:**
a-0.8-1 g/kg.
b-0.5-0.6 g/kg.
c-0.3-0.4 g/kg
d-0.1-0.2 g/kg

25.**Which of the following fruits could lead to serious problem when given in much amount to patients with chronic renal failure?**
a-Grapes.
b-Orange.
c-Banana.
d-Apple.
e-Melon

26.**The most common complication of Herpes Zoster infection is:**
a-Zoster ophthalmicus.
b-Post-Herpetic neuralgia.
c-Hepatitis.
d-Nephritis.
e-Pancreatitis.

27. **One of the following statements about Herpes Zoster vaccine is false:**
a-It is live attenuated vaccine.
b-It reduces post herpetic neuralgia.
c-It reduces the duration and severity of post herpetic neuralgia.
d-It could prevent post herpetic neuralgia if given during acute infection.
e-It is indicated for those individuals above 60 years old.

28. **Which one of the following Life styles intervention is unlikely to prevent deterioration of stable heart failure?**
a-Aerobic exercise of 30 minutes per day five days weekly.
b-Cessation of smoking.
c-Weight reduction.
d-Salt restriction
e-Alcohol restriction.

29. **According to New York Heart Association, heart failure is classified depending on:**
a-ECG findings.
b-Level of BNP.
c-Severity of symptoms.
d-Echo findings.
e-Response to drugs.

30.**One of the following is not a risk factor for knee /foot OA:**
a-Flat feet.
b-Family history of OA.
c-Diabetes mellitus.
d-Obesity.
e-Past history of joint trauma.

31.**After reduction of shoulder dislocation , patient should follow all the following instructions BUT:**
a-Apply sling.
b-Use analgesia.
c-Physiotherapy .
d-Ortho follow up each other week.
e-Avoiding lifting heavy subjects.

32.**The preferred method to assess for pulmonary function and classification of asthma severity is :**
a-ABG.
b-Peak flow meter.
c-Spirometry.
d-Chest X-rays.
e-Perfusion ventilation scan.

33.**Based on Pulmonary function test (PFT),asthma is considered as severe if FEV1 is:**
a-< 80%
b-<60%
c-<70%
d-<50%
e-<40%

34.**Which of the following values affected by prevalence of diseases.**
a-Positive predictive value.
b-Negative predictive value.
c-Specificity.
d-Sensitivity s.
e-A &B.

35.**Advantages of cohort studies do not include:**
a-Study rare exposure.
b-Study multiple effects of exposure.
c-Study the incidence rate.

d-Study rare diseases.
e-Study temporal association.

36.The least serious organism that could be used in bioterrorism is:
a-Plague .
b-Small pox.
c-Brucella.
d-Boulism.
e-Anthrax .

37.You want to find which one of the following variables (type of drug/ type of DN, marital status/educational status)has the strongest impact on diabetic control(good-poor). Which of the following tests is the appropriate for purpose ?
a-ANOVA.
b-Logistic regression test
c-Chi-Square test.
d-student t-test.
e-McNamara test.

38.The best study design to assess prognosis of cancer is:
a-RCT.
b-Cross-sectional study.
c-Case control study.
d-Prospective study.
e-Survey.

39.The best graph to display data over a period of time is:
a-Pie.
b-Bar chart.
c-Histogram.
d-Frequency polygon
e-Line graph.

40.Pulmonary Embolism occur frequently during:
a-The first trimester.
b-The second trimester.
c-The third trimester.
d-Postpartum period.

41.Fatma is 34 years old pregnant at 30 week , her BP was found to be 165/110 mmHg on two occasions . urine analysis showed 3 grams of protein . she was diagnosed as severe pre-eclampsia. Which of the following symptoms/ signs is unlikely to be present?
a-Visual disturbance.
b-Hearing disturbance .
c-Epigastric pain.
d-Jaundice.
e-Oliguria .

42. One of the following is not a feature of HELLP syndrome:
a-High AST,ALT.
b-High Creatinine.
c-Low platelets.
d-High LDH.
e-Hemolytic anemia.

43.Magnisuim sulphate toxicity is manifested with all the following EXCEPT:
a-Cardiac arrest.
b-Oliguria.
c-Respiratory paralysis.
d-CNS depression.

44.The most sensitive test to diagnose Down Syndrome during the first trimester is:
a-Nuchal translucency .
b-Chrionic Villus sampling.
c-hCG & PAPP-A.
d-Amniocentesis.
e-Quadruple test.

45.Which one of the following is not recommended to manage acute mastitis in lactating mother?
a-Frequent breast feeding.
b-Warm compresses.
c-Antibiotics.
d-Massaging the affected areas towards nipple.
e-Constrictive clothing.

46.The most common consequences of acute mastitis in lactating mother is:
a-Abscess.
b-Fungal infection.
c-Cessation of breast feeding.
d-Septicemia.
e-Infant infection.

47.Red flags symptoms/signs in females with chronic pelvic pain does not include:
a-Weight loss.
b-Post-menopausal vaginal bleeding.
c-Fever.
d-Constipation.

e-Post coital vaginal bleeding

48.Positive carnett's sign is found in patients with chronic pelvic pain that caused by:
a-Adenomyosis.
b-Pelvic adhesion.
c-Myofascia of abdominal wall
d-IBS.
e-Uterine cancer.

49.One of the following drugs is not ineffective in management chronic pelvic pain:
a-Citalopram.
b-GnRH agonist.
c-Contraceptive pills.
d-NSAIDs.
e-Gabapentin.

50.Absolute contraindication to vaginal delivery does not include:
a-Complete placenta previa.
b-Active genital herpes simplex infection
c-Pregnant of positive HIV and low load of virus.
d-Previous classical uterine incision of cesarean section.
e-Untreated HIV infected pregnant.

51.Most of weight losing agent(ant-obesity drugs) tend to reduce body weight by:
a-3%.
b-5%.
c-8%
d-10%.
e-1%

52.Hatim is 49 years old attended your clinic complaining of productive cough, and dyspnea for the last three years. Those symptoms become more severe for the last four weeks . You initial diagnosis was "Chronic Bronchitis" .The least important information that would help you to diagnose this problem is:
a-Frequency & duration of the symptoms.
b-Exposure to air pollution.
c-Dyspnea on exertion.
d-Results of the pervious Chest X-rays.
e-History of smoking.

53.During typical visit to family practice, family physician spend (----minutes) to provide health education and counseling for patient:
a-Five minutes.
b-Four minutes.
c-Three minutes.
d-Six minutes.

54.The first step when counseling patient about exercise would be:
a-Assessment.
b-Advice.
c-Agreement.
d-Assistance.
e-Arrangement.

55.The most common modifiable risk factor for cancer is:
a-Diet.
b-Smoking
c-Physical inactivity.
d-Obesity.
e-Alcoholism.

56.There is good evidence that high alcohol intake is associated with risk of development of the following malignancies EXCEPT:
a-Kidney cancer.
b-Liver cancer.
c-Breast cancer.
d-Head &neck cancer.
e-Ovary cancer.

57. One of the following infants could be fed on breast :
a-Infant whose mother is HIV positive.
b-Infants whose mother is Hepatitis-B positive.
c-Infant whose mother has active breast herpes simplex.
d-Infant whose mother has active untreated Tuberculosis.

58.Hussain is 43 years old presented with chest pain , you did ECG, CXR, Stress ECG, Cardiac Enzymes , which showed normal results. You considered GERD as the most likely diagnosis, the next step to manage this patient would be:
a-Ask for Barium Meal.
b- Ask for endoscopy.

c-Start Proton pump inhibitor and follow response.
d-Refer him to cardiologist.
e-Ask for Upper Gut Ultrasound.

59. **You referred her to Rheumatologist . Before initiation "Disease Modifying Anti-Rheumatic Drugs(DMARD)" ,he should ask for all the following investigations BUT:**
a-Liver function test.
b-Urea, creatinine.
c-electrolytes and blood glucose.
d-Pulmonary function test.
e-Chest X-rays.

60.**All the following statements about Varicella vaccine are true EXCEPT:**
a-It is given as two doses at 12 and 4-6 years.
b-It is live attenuated vaccine.
c-It is safe during pregnancy.
d-It could be given as combined with MMR.
e-After giving the first dose, 90% will have immunity.

61.**One of the following statements about peri-tonsillar abscess is not true:**
a-The most common affected age group is 10-15 years old.
b-The most common causative organism is Group-A Beta hemolytic streptococcus .
c-The drug of choice in management is Penicillin.
d-Hot-potato voice is characteristic feature.
e-Management include drainage of abscess and antibiotics.

62.**Salma is a 34 years old presented to her family physician complaining of pain in different body parts including head, chest, joints, muscles for the last six months . Her family physician diagnosed her as Fibromyalgia . Which of the following is not true about this condition?**
a-This condition is more common among females than males.
b-The patho-physiology of this condition is unclear.
c-Irritable bowel syndrome is unlikely to be present in this lady.
d-There is no evidence regarding effectiveness of steroid in management this condition.
e-SSRI is less effective than Tricyclic antidepressants.

63.**Naif is 45 years old presented to your clinic complaining of recurrent epigastric pain for the last four months . The least important question that should be asked to Naif is:**
a-Relation of this pain to meals.
b-Stool color.
c-Using asprin.
d-Naif's job.
e-Associated cough.

64-All the following features suggest gastric cancer in Naif's situition but:
a-Weight loss.
b- Low Hemoglobin .
c-loss of appetite.
d-malena.
e-Smoking.

65. **All the following are used to estimate the severity of dehydration in children But:**
a-Weight.
b-The daily total numbers of loose motions.
c-Capillary refill time.
d-Heart rate.
e-Skin turgor.

66.**One of the following elements is recommended to be given for infants who are on exclusively breast feeding in he first months of their lives:**
a-Iron.
b-vitamin B1.
c-Calcium.
d-Vitamin-D.
e-Vitamin-A.

67.**One of the following statement is not true about Urinary Tract Infections(UTI) in children:**
a-Boys are affected than girls.
b-The most common organism is E. coli.
c-Back to front wiping is not a risk factor for UTI.
d-One day course of antibiotics is not recommended for management UTI.
e-Oral antibiotics as effective as parental in children tolerate orally.

68. **All the following statements about ingestion of foreign bodies (FB)are CORRECT Except :**
a-Serious morbidity is seen in about 15% of children ingested FB.
b-About 50% of ingested FB is asymptomatic.
c-Bowel obstruction, perforation are known complications of FB ingestion.
d-Common site for obstruction of FB will be at cricipharngeal area, lower esophageal sphincter and pylorus.
e-If FB passed esophagus it will pass without complication in most of cases.

69. **One of the following is not a common feature of Henoch-Schonlein Purpura(HSP):**
a-Abdominal pain.
b-Hematuria.
c-Scrotal swelling.
d-Elevated liver enzymes.
e-Hemat-emesis

70. **The most common cause of neonatal death is:**
a-Infections.
b-Congenital anomalies.
c-Immaturity.
d-Intra-partum cause.
e-Sudden infant death syndrome.

71.**Providing wide variety of health services for clients is term used for:**
a-Continuity of care.
b-Community care.
c-Coordinated care.
d-Comprehensive care.
e-Contextual care.

72.**Joint pain that is associated with Rheumatic fever can be described by all the following features except:**
a-It affects large joints more than small joints.
b-It is present in 50-75% of patients.
c-It is migratory and lasts less than one week.
d-It occurs 6-8 weeks after strepto-coccal pharyngitis.

73.Thamer is one week old infant who was brought to your clinic by his mother who stating that her son has yellowish eye discoloration for the last 24 hours. Relevant questions that should be asked to her mother include all the following except :
a-Fever.
b-Breast feeding.
c-History of jaundice .
d-Color of urine
e-Frequency of defecation.

74.All the following features indicate functional constipation but:
a-Rectal distended with stool.
b-Anal fissures.
c-Palpable stool in the left lower quadrant
d-Moderate to severe abdominal distension.
e-Presence of cremasteric reflex.

75. **The most common cause of child abuse is :**
a-Sexual abuse.
b-Physical abuse.
c-Emotional abuse.
d-Biological abuse.
e-Neglect .

76.The first sign of puberty in the girls is:
a-Growth of pubic hair.
b-Menarche.
c-Breast enlargement.
d-Clitoris enlargement.

77. **Abdulaziz is two days old newborn who was brought by his mother as she concerned about skin eruption in her baby face. No other compliant. He looks well, afebrile, no jaundice, there are erythamatous macules of 2mm and papules on his face and trunk .Palms and soles were normal. The most likely diagnosis is:**
a-Viral exanathema.
b-Fungal infection.
c-Acne Neonatorum.
d-Erythema Toxicum Neonatorum .(ETN)
e-Miliaria.

78. **One of the following is not a feature of atopic dermatitis in infancy:**
a-Itching is uncommon.
b-It occurs after three month of age.
c-It affects scalp, face, trunk, and diaper areas.
d-It frequently relapses after treatment.

79. **One of the following is not a feature of Sturge Weber Syndrome:**
a- Glaucoma.
b-Cataract.
c-Seizure.
d-Port wine stain.
e-Brain angioma.

80.**Eman is 13 years old Saudi girl student.She came to your clinic complaining of nodules on her dorsal aspect of right hand for the last three month. The most likely diagnosis is:**
a-Verruca Vulgaris.
b-Verruca planataris.
c-Verruca plana.
d-Conyloma acuminata.

81.**Salem is six years old who was brought by his mother complaining of face skin lesion for the last four days. Clinical examination revealed maculopapular rash on the face with honey colored crusts . The most likely diagnosis is:**
a-Chicken pox.
b-Tineasis.
c-Impetigo.
d-Acne.
e-Atopic dermatitis.

82. **Oral anti-microbes is indicated for the above child in the following situations BUT:**
a-If he did not tolerate topical agent.
b-If the child has associated fever.
c-If the child has more hands and legs lesions.
d-If his mother insist for oral anti-microbial agents.

83.**One of the following statements about psoriasis is FALSE:**
a-It is lifelong disease.
b-It affects about 1.5% of the population.
c-Management options include: coal tar, Calcipotriol, and oral steroid.
d-Most of patients show relapse and remission .
e-stress, trauma and infections exacerbate this disease.

84. **The best diagnostic method of Tinea infections is:**
a-Potassium –Hydroxide microscopy .
b-Culture.
c-Wood's Lamp Examination.
d-Clinical examination.

85. **One of the following statement about athlete's feet is FALSE:**
a-It is caused by Trichophyton rubrum .
b-It more common in adolescents than children.
c-Moist environment plays important role in occurrence this infection.
d-It most common among persons who do not wear shoes.
e-Topical antifungal agents is the treatment of choice for two weeks.

86.**One of the following condition is not proved to be auto-immune disorders:**
a-Pemphigoid.
b-Pemphigus.
c-Vitiligo.
d-Alopecia areata.
e-Psoriasis.

87.**The most common two major risk factors for hip fractures are:**
a-Age and fall.
b-Osteoporosis and age.
c-Osteoporosis and fall.
d-DM and menopause.

88.**Hani is 32 years old Saudi male teacher. He presented to your clinic suffering from backache for the last 24 hours. The least relevant questions that should be asked to him is:**
a-Past history of similar attacks.
b-Family history of backache .
c-Lifting heavy objects.
d- Lower limbs sensation changes.
e-Effect of pain on his life.

89. **Red flags that you should look for in this patient include all the following EXCEPT:**
a-Legs weakness.
b-Urinary incontinence.
c-Impotence.
d-Numbness in the lateral aspect of feet.
e-Severity of pain.

90.Saad presented your clinic complaining of right wrist pain for three weeks. Which

one of the following information will not help you in diagnosing this pain:
a-Occupation.
b-Marital status.
c-Age .
d-Hobbies,
e-History of trauma.

91. Abbas is 40 years old resented to your clinic complaining of pain in the inferior aspect of his right heel for the last eight months.This pain is mild to moderate in severity, continuous, aggravated with walking. There is no associated symptoms such as fever, weight changes, or joint pain.No history od DM or HTN. He did not use any drug now. Physical examination revealed normal vital signs, mil tenderness around the medial calcaneal tuberosity. The most likely diagnosis is:
a-Heel spurs.
b-Heel synovitis.
c-Ankle Joint osteoarthritis.
d-Plantar fasciitis

92.The best test to diagnose stress fracture in feet is:
a-Plain x-rays.
b-CT scan.
c-MRI.
d-Ultrasound.

93.**The best test to diagnose arthritis of the feet is:**
a-Plain x-rays.
b-CT scan.
c-MRI.
d-Ultrasound.

94.**Azmi is 18 years old Saudi student . He attended to your clinic complaining of on/off running nose and nasal obstruction for the last two years. Physical examination revealed congested nasal mucosa.Your initial diagnosis was allergic rhinitis. One of the following features did not support this diagnosis:**
a-Nasal itching.
b-Post-nasal drip.
c-Sneezing.
d-Boggy ,edematous and pale nasal mucosa.
e-Positive family history of asthma and allergic conjunctivitis.

95.**Difinite diagnosis was confirmed as" Vasomotor Rhinitis" the initial management of this patient would be:**
a-Nasal de-congestant.
b-Nasal steroids.
c-Nasal Anti-histaminic.
d-Oral Anti-cholinergic.
e-Oral Anti-histaminic.

96.**One of the following is not true about the external hordeolum :**
a-It is caused by Staph infection of the eyelash follicles.
b-Most of patients present with bilateral painful eyelid margins.
c-Management include warm compresses, and topical antibiotics.
d-Stye is another term(name) used for this condition.

97. **The most common cause of blindness is:**
a-Refractive errors.
b-Diabetic retinopathy.
c-Chronic open glaucoma.
d-Cataract.
e-Age related macular degeneration.

98. **One of the following is not known as risk factor or open angle glaucoma:**
a-Advanced age.
b-Blacks.
c-Family history of glaucoma.
d-Hypertension.

99. **Fatema is 53 years old housewife. She was in good health till today afternoon when she developed right eye severe pain , right frontal headache and nausea. She did not have any similar attack before. Your most likely diagnosis was acute closed glaucoma. Which one of the following features did not support this diagnosis:**
a-Tender eyeball.
b-Small pupil.
c-Hazy cornea.
d-Decrease visual acuity.
e-Limbus injection.

100. **Management of this lady should include all the following BUT:**
a-IV acetazolamide.
b-Laser iridotomy.
c-Timolol eye drop.
d-Pilocarpine eye drop.
e-Atropine eye drop.

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